

MEMBERSHIP ROLL

County _____ Club _____ Year _____

Complete form and have each member sign photo release section (Photos cannot be printed in newsletter, etc without signature). Send WHITE original to Family Living Educator by November 1st. Send YELLOW copy to your Center Chairperson and keep the PINK copy for your records. PLEASE TYPE OR PRINT CLEARLY.

I grant the University of Wisconsin Board of Regents and University of Wisconsin-Extension (hereinafter university), the right to use, publish, and copyright my image (including audio, moving image or photograph) for educational programs, websites, and promotion of University programs. The University adheres to all Federal and State laws associated with this use.

NAME OF MEMBER (Last Name First)	Complete Address	Home Phone	Work Phone	E-Mail Address	Signature for Photo Release
1.					
2.					
3.					
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