

Send this form to Family Living Educator and local Treasurer directly after first meeting. Due by: November 1st *



MEMBERSHIP ROLL & PHOTO RELEASE(s)

County: _____

Club: _____

Year: 20_____

At your October club meeting, have each member:

- 1) Review current contact information as printed below.
- 2) Check the appropriate “Information Correct?” response box.
- 3) If any information is incorrect, make changes on this sheet. (**PLEASE TYPE OR PRINT CLEARLY.**)
- 4) **SIGN** the photo release section (Photos cannot be printed in newsletter, etc. without signature. Either this sheet or separate photo release.

I grant permission to the Wisconsin Association for Home & Community Education (WAHCE) to use my photo and comments in WAHCE reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted online for a period of time.

NAME OF MEMBER (Last Name, First Name)	Complete Address City, Zip	Phone (H=Home; C=Cell) Position Held	E-Mail Address	Information Correct?	Signature for Photo Release**
1.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____
2.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____
3.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____
4.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____
5.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____

NAME OF MEMBER (Last Name, First Name)	Complete Address City, Zip	Phone (H=Home; C=Cell) Position Held	E-Mail Address	Information Correct?	Signature for Photo Release**
6.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____
7.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____
8.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____
9.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____
10.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____
11.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____
12.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____
13.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____
14.		H: C: P:		Information Correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Local only <input type="checkbox"/> All other Signature: _____