**Wisconsin Association for Home and Community Education**

 **WAHCE Organizational Sheet for**

**President's Signature:**

**District:**

**County: Website:**

Please fill in the information and send 1 copy to your District Director by November 1st (electronically if possible). The Director will then send a complete set to the State President by November 15th. Inform the District Director of all changes as they occur. List complete address, zip code, and telephone number, including area code. *Include e-mail address if available.*  List term in the actual calendar years. If possible, please type, otherwise print very plainly.

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| --- | --- | --- | --- | --- | --- |
| **POSITION HELD** | **NAME** | **ADDRESS**(Street Address, City, State, & Zip) | **TELEPHONE** (Include area code) | **E-mail Address** | **TERM** |
| President |  |  |  |  |  |
| President-Elect |  |  |  |  |  |
| Vice President |  |  |  |  |  |
| Secretary |  |  |  |  |  |
| Treasurer |  |  |  |  |  |
| Advisor |  |  |  |  |  |
|  |  |  |  |  |  |
| Family & Comm. Life |  |  |  |  |  |
| International Coordinator |  |  |  |  |  |
| Cultural & Textile Arts |  |  |  |  |  |
| Marketing |  |  |  |  |  |
| Membership |  |  |  |  |  |
| Wisconsin Bookworms |  |  |  |  |  |
| Other:  |  |  |  |  |  |
|  |  |  |  |  |  |
| District/State Officers: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

10/.20/2019