

**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.

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:					