**Officer List**

**Return By: November 15th**

**Name of Club**:

**Number of Members**:

**Officers Take Charge in What Month**:

**Week, Day and Time of Meeting**:

**Officers:**

**President:** Phone:

Address

E-mail:

**Vice President:** Phone:

Address

E-mail:

**Secretary:** Phone:

Address

E-mail:

**Treasurer:** Phone:

Address

E-mail:

Return This Form to St. Croix County Extension Office

 1960 8th Avenue, Suite 140

 Baldwin, Wi 54002

Please return this form before November 15th so that the program directory can be updated in a timely manner and included in the December Newsletter.

Thank You.