

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.