**Send this form to Donna Duester, KCAHCE Treasurer and Donna Zarovy. Due by: December 10th\***

**MEMBERSHIP ROLL & PHOTO RELEASE(s)**



**County: \_\_\_\_\_Kenosha\_\_\_\_\_\_\_\_\_**  **Club: Year: 2021**

**At your October or November 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\*\*** |
| --- | --- | --- | --- | --- | --- |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | H:  C:  P: |  | Information Correct?  Yes  No | **Local only**  **All other**  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |