

INDIANA EXTENSION HOMEMAKERS ASSOCIATION

COUNTY OFFICER DATA FORM

DUE APRIL 1 TO DISTRICT REPRESENTATIVE

DISTRICT _____ COUNTY _____

OF CLUBS _____ CALENDAR YEAR _____

PRESIDENT NAME _____

ADDRESS _____

CITY _____ STATE: IN ZIP _____

PHONE _____ CELL PHONE _____

EMAIL _____

VICE PRES. NAME _____

ADDRESS _____

CITY _____ STATE: IN ZIP _____

PHONE _____ CELL PHONE _____

EMAIL _____

SECRETARY NAME _____

ADDRESS _____

CITY _____ STATE: IN ZIP _____

PHONE _____ CELL PHONE _____

EMAIL _____

TREASURER NAME _____

ADDRESS _____

CITY _____ STATE: IN ZIP _____

PHONE _____ CELL PHONE _____

EMAIL _____

EXT. EDUCATOR _____

OFFICE PHONE _____

EMAIL _____