**Send this form to Family Living Educator and local Treasurer directly after first meeting. Due by: November 1st \***

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

**County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Club: Year: 20**

**At your October 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |