

**Wisconsin Association for Home and Community Education
WAHCE Organizational Sheet for _____**

President's Signature: _____

District: _____

County: _____

Website: _____

Please fill in the information and send 1 copy to your District Director by November 20th . The Director will then send a complete set to the President by November 30th. Inform the District Director of all changes as they occur. List complete address, zip code, and telephone number, including area code. *Include e-mail address if available.* Under term, list years as 2006-2007. If possible, please type, otherwise print very plainly.

POSITION HELD	NAME	ADDRESS (Street Address, City, State, & Zip)	TELEPHONE (Include area code)	E-mail Address	TERM
President					
President-Elect					
Vice-President					
Secretary					
Treasurer					
Advisor					
Ed Program Coordinator					
Ed Community Outreach					
International Coordinator					
Cultural & Textile Arts					
Membership/Marketing					
Young Family Coordinator					
Wisconsin Bookworm™					
Other:					
District/State Officers:					