# Arkansas Extension Homemakers Council Membership Mailing List

Please List all members in alphabetical order. Additional sheets may be attached, if necessary, or you may attach a computer print-out of the membership list.

| Member's Name | Street Address or Route and Box No. | City | State | Zip | Area Code | Phone Number |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**The above listed Extension Homemakers members, officers, and leaders have requested they be sent all materials from the county Extension Office that pertain to their particular office, or responsibility, and/or materials pertaining to the general organization of the Extension Homemaker's Club work.**

**EHC Secretary's Signature** _____ **Date** _____

**EHC Club President** _____ **Date** _____

**County** _____ **Date** _____