Arkansas Extension Homemakers Club Membership





District	County
Club Name	EIN (if available)
Please list all club members. If a club off may be attached if necessary. Submit an	ficer, designate their title in the Officer column. Additional sheets nually to your FCS agent by July 1.
Member's Name	Officer
Club President's Signature:	Date:
etas	
Club Secretary's Signature:	Date:

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