

AFFIRMATIVE ACTION INFORMATION

Club Name: _____ County: _____ Year: _____

Please provide the following information, which is needed for the Wisconsin Association for Home and Community Education (WAHCE) and the University of Wisconsin Cooperative Extension (UWEX).

1. Racial Composition of Members:

- a. Number of White Members
- b. Number of Black Members.....
- c. Number of American Indian Members
- d. Number of Asian Members.....
- e. Number of Hispanic Members.....
- f. Total Number of Members.....

2. Age Composition of Members:

- a. Number of Members under 25
- b. Number of Members 25 – 34
- c. Number of Members 35 – 44
- d. Number of Members 45 – 54
- e. Number of Members 55 – 64
- f. Number of Members 65 and over

3. How many of your group are:

- a. Female.....
- b. Male
- c. Single Parent
- d. Handicapped Persons

4. Residence

- a. Rural – Farm
- b. Rural – Non-Farm
- c. Urban.....

Activities and events are provided to all clientele on a nondiscriminatory basis without regard to race, color, national origin, creed or economic circumstance.

Signature of Club President **REQUIRED**

Send white copy to County and yellow copy to Center Chairman after first meeting of the year.