

ILLINOIS ASSOCIATION FOR HOME AND COMMUNITY EDUCATION
YEAR-END MEMBERSHIP REPORT

COUNTY: _____

NAME OF COUNTY SECOND VICE PRESIDENT: _____

ADDRESS: _____

PHONE: _____ e-Mail _____

NAME OF COUNTY TREASURER: _____

ADDRESS: _____

PHONE: _____ e-Mail _____

TOTAL MEMBERS ON DECEMBER 31, _____ : _____
(year)

MEMBERS GAINED: _____

MEMBERS LOST: _____

TOTAL MEMBERS ON DECEMBER 31, _____ : _____
(year)

NUMBER OF UNITS: _____

This report is due to your DISTRICT DIRECTOR (name/address is on page 2 of this Guidebook) by January 5th.

NAME: _____

ADDRESS: _____

City _____ Zip _____

PHONE: _____ e-Mail _____

(This form is to be used only if you do not have one given to you by the State Second Vice President.)