

LIST OF CLUB MEMBERS
PLEASE RETURN TO COUNTY EXTENSION OFFICE BY **MAY 15, 2025**

NAME OF CLUB _____
Year _____

PLEASE LIST NAMES OF ALL MEMBERS ALPHABETICALLY, LAST NAME FIRST.

NAME	ADDRESS- CITY, STATE ZIP	E-MAIL	PHONE NUMBER	TENURE

Use back of sheet to complete your membership list if necessary

Club Secretary

Send to: **Shelby County Extension Office**
 20 West Polk Street, Suite 201
 Shelbyville IN 46176

** Please update change in information with office as needed

