

Mississippi Homemaker Volunteers, Inc.

Enrollment Form

County _____ Year _____

Club _____ Rural ____ Urban ____



Fill in only the blanks that apply to your club.

Officers

Office	Name	Address	Zip Code	Phone	E-mail
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President

Vice President

Secretary

Treasurer

Parliamentarian

Education Chairs (as needed)

Family Issues

Community Special Projects

Environment

International

Health and Nutrition

Standing Chairs

Awards and Recognition

Credentials

Membership

Nominating

Public Relations

Young Homemakers

