COUNTY _____ PROGRAM YEAR _____

COUNTY EXTENSION COUNCIL MEMBERSHIP

NAME	TERM		AGE					GENDER		RACE						SOCIO ECONOMICS		AFFILIATION										GEOGRAPHIC AREA (CITY, TOWN, COMMUNITY)					COMMITTEE PARTICIPATION OR PREFERENCE							
	YEARS SERVED ON COUNCIL	YEARS REMAINING ON COUNCIL	TEEN ≤ 19	20-35	36-50	51-65	OVER 65	MALE	FEMALE	WHITE	BLACK	HISPANIC	NATIVE AMERICAN	ASIAN	OTHER	REPRESENTATIVE OF LIMITED RESOURCE FAMILIES	OTHER	ANR/HORT COUNCIL/COMMITTEE	FCS COUNCIL/COMMITTEE	EXTENSION HM COUNCIL	4-H YOUTH DEV. COUNCIL/COMMITTEE	COMM./ECON. DEV. REPRESENTATIVE	GOV. REPRESENTATIVE	COMMUNITY COLLABORATOR	EDUCATIONAL ORGANIZATION	CIVIC/COMMUNITY ORGANIZATION	OTHER GRASSROOTS ORGANIZATION	OTHER/MEMBER AT LARGE						DISTRICT BOARD/BUDGET	MEMBERSHIP	PUBLIC RELATIONS/ADVOCACY	BY-LAWS				