

**JOHNSON COUNTY EXTENSION HOMEMAKERS MONTHLY REPORT**

**NOTE:** Use envelope with enclosed self-addressed label for mailing. This information is needed for program evaluation and statistical reporting. Please return by the 15<sup>th</sup> of the month following the meeting. (ex. August report is due by 15<sup>th</sup> of September)

**MONTH:** \_\_\_\_\_ **CLUB NAME:** \_\_\_\_\_

**DATE OF MEETING:** \_\_\_\_\_ **ATTENDANCE – Members:** \_\_\_\_\_ **Guests:** \_\_\_\_\_ **Total:** \_\_\_\_\_

**LESSON PRESENTED:** \_\_\_\_\_

**PRESENTED BY:** \_\_\_\_\_

**COMMENTS FROM MEMBERS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IDEAS FOR FUTURE LESSONS:** \_\_\_\_\_

**HEALTH AND SAFETY LESSON:** \_\_\_\_\_

**PRESENTED BY:** \_\_\_\_\_

**Membership Information**

**NEW MEMBERS:** Please include husband's name, if it is used, and give **COMPLETE** address and phone number. This information will be entered in the computer for mailing labels.

**EXAMPLE: Mrs. Emily (John) Jones 736-0000**  
**500 Main Street**  
**Yourtown, IN 40000**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHANGE OF ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**MEMBERS DROPPED – State name and reason:** \_\_\_\_\_

\_\_\_\_\_

**MEMBERS DECEASED – State name and date:** \_\_\_\_\_

\_\_\_\_\_