

Annual Certificate of Nondiscrimination

To: County Extension Agent _____ County.
Staff Chair _____

This is to certify that the _____ Extension Homemakers Club is open to
to all eligible persons regardless of race, color, sex, national origin, religion, age, disability, marital or veteran status,
genetic information, sexual preference, pregnancy, or any other legally protected status, and UADA is equal
opportunity institution.

President

Date

For Program Year July 1, 20____ - June 30, 20____

As an active Extension Homemakers Club list your club's EIN: _____

Does this club have a financial bank account? ____Yes ____No

Which type of club: ____Regular/Community Club ____Project Club ____Unsure

Location and when club meetings occur:

Meeting Day (Ex. 2nd Tuesday): _____

Meeting Time: _____

Meeting Location: _____

Contact person for club: Name: _____

Phone: _____

Email: _____