UNIVERSITY OF ARKANSAS
DIVISION OF AGRICULTURE
Cooperative Extension Service

AFFACT-04
1-31-03

Form 2: County Extension Council Membership List

Name	Address	Phone #	Sex	Race or Ethnic Origin	Appointed by	Term Expires
			Select one	Select one	Select one	
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Staff Chair _____ Date _____ District Director _____ Date _____

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, religion, gender, age, disability, marital or veteran status, or any other legally protected status, and is an Equal Opportunity Employer.

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