



Minnesota Women of Today

Intent to Extend³

PLEASE TYPE OR PRINT. Send copies of this form to: State President; Extension Director, and District Director. Ask Extensions Director about available funding.

Date _____

The chapter of _____ (or Extension Team) has the intent to extend the town of _____ and is willing to make a commitment to assist and support the new chapter for a minimum of two years.

Date approved by chapter or Extension team _____

Who have you been approached by? _____

Have you set meeting date(s)? [] No [] Yes, if so when? _____

Who will be organizing the first Information meeting? _____

Who will be assisting with this Extension? _____

Name of President or Extension Team Member _____

Address _____

Email _____ Phone _____

President's Signature _____

Name of State Delegate or Extension Team Member _____

Address _____

Email _____ Phone _____

State Delegate's Signature _____

Name of Extension Chairman or Extension Team Member _____

Address _____

Email _____ Phone _____

Extension Chair's Signature _____

Any other pertinent information _____

Check if you would like to receive the Extension Manual & Extension Media Kit from the US Women of Today