

ARKANSAS 4-H & YOUTH DEVELOPMENT PROGRAM 4-H CLUB CHARTER FORM



YES

NO

4-H Year 20____ - 20____

Directions:

- Form will be completed electronically, using this form in the pdf format.
- Once completed, form will be e-mailed to county Extension Office as an e-mail attachment.
- In addition to charter form all other required attachments will need to be scanned for submission with charter form.

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CL	.UB	/GKU	UP	IINFO	KIVIA	MOITA

CLOD/GROOT HATC	MATION	
Club Name	Type of Club:	
Primary Club Contact:		
CLUB/GROUP MEE	TING INFORMATION	
Meeting Day (Ex:	2nd Tuesday):	
Mee	eting Location:	
Meeting Tir	me:	
Is this club in a rac	cial mixed community: (i.e. all ethnicities live in the area served by the club)?	P: YES NO
Is this club integra	ated as to the racial and ethnicity of the membership?: YES NO	
CLUB/GROUP OFFI	CERS (list all officers for current year if applicable)	
	President:	
	1st Vice-President:	
	2nd Vice-President:	
	3rd Vice-President:	
	Secretary:	
	Treasurer:	
Repo	rter/Public Information:	
	Other:	
	Other:	
Club	Leader 1 (Adult):	
Club	Leader 2 (Adult):	
CLUB/GROUP GEN	ERAL INFORMATION (answer each question by checking the appropriate box)	
4-H (Club: Does this club have six or more members from at least two different fa	milies?: YES NO

4-H Club: Is every 4-H member enrolled into at least one project?: