

ARKANSAS 4-H & YOUTH DEVELOPMENT PROGRAM



4-H CLUB CHARTER FORM

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.

CLUB/GROUP INFORMATION

Club Name _____ Type of Club: _____

Primary Club Contact: _____

Club Address Line 1: _____

Club Address Line 2: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____ E-mail: _____

Website: _____

Affiliation: _____

CLUB/GROUP MEETING INFORMATION

Meeting Day (Ex: 2nd Tuesday): _____

Meeting Location: _____

Meeting Time: _____

Is this club in a racial mixed community: (i.e. all ethnicities live in the area served by the club)?: YES NO

Is this club integrated as to the racial and ethnicity of the membership?: YES NO

CLUB/GROUP OFFICERS *(list all officers for current year if applicable)*

President: _____

1st Vice-President: _____

2nd Vice-President: _____

3rd Vice-President: _____

Secretary: _____

Treasurer: _____

Reporter/Public Information: _____

Other: _____

Other: _____

Club Leader 1 (Adult): _____

Club Leader 2 (Adult): _____

CLUB/GROUP FINANCIAL INFORMATION

Does this club/group have a bank account(s) outside of the county depository account?

YES

NO

If YES, complete the following table:

| Name of Financial Institution | City, State | Phone Number | Type | Account Number |
|-------------------------------|-------------|--------------|------|----------------|
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CLUB/GROUP GENERAL 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 families?:

YES

NO

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

YES

NO