

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):	_____		
Regular Meeting Location:	_____		
Regular 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)*

President:	_____
1st Vice-President:	_____
2nd Vice-President:	_____
3rd Vice-President:	_____
Secretary:	_____
Treasurer:	_____
Reporter/Public Information:	_____
Other:	_____
Other:	_____
Club Leader (Adult):	_____
Club Leader (Adult):	_____

CLUB/GROUP FINANCIAL INFORMATION

Does this club/group have a bank account(s): _____ YES _____ NO

If YES, complete the following table

Name of Financial Institution	City, State	Phone Number	Type	Account Number

Employee Identification Number (EIN): _____ - _____ (Format: XX - XXXXXX)

If club/group DOES NOT have an EIN why?

Date of Last Financial Review of Account(s):

Does Club/Group have a current operating budget approved by membership?: YES NO

CLUB/GROUP GENERAL INFORMATION *(answer each question by placing and 'X' in appropriate area)*

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