



**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/GROUP MEETING INFORMATION**

Meeting Day (Ex: 2nd Tuesday):

Meeting Location:

Meeting Time:

Is this club in a racial/ethnic 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 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