NEW 4-H CLUB CHARTER APPLICATION
(to be completed by Club Secretary)

Name of 4-H Group ________________________________

Type of 4-H Group ________________________________
(4-H Project Club, 4-H Special Interest Group, General 4-H Club)

Community/School County _________________________

Purpose of Club _________________________________

Name of Club Leader ____________________________

Date Organized _________________________________

President: Name ________________________________

   Address _____________________________________

Vice President: Name ____________________________

   Address _____________________________________

Secretary: Name _________________________________

   Address _____________________________________

Signed by: ____________________________________

Club President _________________________________

Club Organizational Volunteer(s) ________________

4-H Agent ________________________________

Date of Application ______________________________

Attachments:
___ Club Program Plan with meeting dates and locations
___ Roster of Club Members
___ Signed Charter Request Form
___ Club By-laws/Rules
___ Club Officers/Defined Youth Roles

Submit to your County 4-H Office
ANNUAL REQUEST FOR CLUB CHARTER

Due: ____________ County Extension Office _______________________

Name of Club: __________________________________________________

Type of Request: □ Establishment of a new club
                □□ Continuance of: ______________________________________

Purpose of Club: to carry out a continuous 4-H club program, servicing the needs of youth in ______________________ County.

Name of Club Leader: __________________________________________

AGREEMENTS:
I understand that if this club disbands during my leadership, all property and funds of this club or group shall be returned to the County 4-H Program Leader. If the group continues, it shall be turned over to the new club leader.

It is the policy of __________________________ of the ____________________County
                      (Club Name)  (County)
Extension Service, 4-H & Youth programs, that all persons shall have equal opportunity and access to its programs and facilities without regard to race, color, religion, gender, sexual orientation, national origin, or disability.

Number of youth enrolled in this club: _____ Hispanic _____ Non-Hispanic
                                      _____ Black    _____ White    _____ American Indian    _____ Asian/Pacific Islander    _____ Other

Club Leader: ___________________________________________ Date: __________
            (Signature)

** The approval below will be granted upon receipt of this form for all clubs with minority enrollment. Clubs not meeting this requirement will be notified and will be required to conduct All Reasonable Efforts between the dates of September 1 and December 31.

OFFICIAL APPROVAL FOR 4-H CLUB OR GROUP: On the basis of the above purposes, and having fulfilled the Affirmative Action requirements, the __________________________ is authorized to use the 4-H name and emblem in connection with its program and activities and is considered an official 4-H club of the Cooperative Extension Service.

Signed: ________________________________ County 4-H Program Leader