

4-H Club Organization Report

Club Name: _____ Date: _____

Community Club Leader(s): *(Please list lead CCL first)*

Name:	Address:
E-mail:	Phone(s):
Responsibilities:	
Name:	Address:
E-mail:	Phone(s):
Responsibilities:	
Name:	Address:
E-mail:	Phone(s):
Responsibilities:	

Council Representative: *(attends council meetings and reports back to club)*

Name:	Address:
E-mail:	Phone(s):

Many clubs have Co-Community leaders working as a leadership team.

Please list who is working in the following capacity.

Record Book Leader:
Treasurer Advisor:
Presentation/Public Speaking Leader:
Officer Advisor:

Community Club Meeting:

Day of week: _____ Time: _____

(i.e.- second Tuesday of the month)

Location: _____

(over)

Club Officers:	<i>Name of officer</i>	<i>Email</i>
President:	_____	_____
Vice Pres.:	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____
Reporter:	_____	_____
Historian:	_____	_____
Healthy Living:	_____	_____
Other officers:(please specify office)		

Persons authorized to sign checks: *(Should include 3 persons from the club, including member(s) as well as leader(s), and there should not be two people from the same family.)*

_____	_____
_____	_____

Number of signatures required: _____ *(Must be at least 2 of the above signatures)*

Bank name and account numbers of all bank accounts for club.
Limit of one checking and one savings account per club. All bank accountsts MUST use the UCCE Office address of 680 N. Campus Dr., Ste. A, Hanford, CA 93230.

Type	Bank Name	Account #	Balance as _____
Checking			
Savings			