



4-H CLUB ORGANIZATION FORM

NAME OF 4-H CLUB \_\_\_\_\_

ADULT LEADERS (Names and Complete Addresses and Phone Numbers)

_____	_____
_____	_____
_____	_____

PROJECT LEADERS

Kind	Name	Address and Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFICERS (Names and Addresses and Phone Numbers)

President \_\_\_\_\_

Vice President \_\_\_\_\_

Sec. - Treasurer \_\_\_\_\_

Reporter \_\_\_\_\_

Recreation Leader \_\_\_\_\_

Council Delegates \_\_\_\_\_



4-H CLUB STATUS REPLY FORM

CLUB: \_\_\_\_\_

\_\_\_\_\_ We will be an active club

\_\_\_\_\_ We are disbanding as a 4-H club at the end of the program year

\_\_\_\_\_ We are not sure if this club will be active

Club Organizational Leader: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

If you have co-club leaders - please list: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Club Meeting Information

Regular meeting date (day of week/month): \_\_\_\_\_

Regular meeting time: \_\_\_\_\_

Meeting location: \_\_\_\_\_  
\_\_\_\_\_



## DOCUMENTATION OF NON-DISCRIMINATION

NAME OF GROUP \_\_\_\_\_

Number of Members for current year \_\_\_\_\_  
Members Year

This group affirms support of the Cooperative Extension 4-H Youth Plan for Equal Program Opportunity and certifies that it will take or has taken the following actions:

1. PUBLICITY ABOUT MEETINGS:
2. EFFORTS TO ATTRACT MINORITIES:
3. GROUP MEETING PLACE:
4. MEMBERSHIP LIMITS:
5. COMMUNITY SERVICE EFFORTS:
6. REGULAR REPRESENTATION AT 4-H COUNTY COUNCIL AND LEADERS COUNCIL MEETINGS:

This group agrees to be responsible for representation, by the leader or person designated by her, at the Council meetings during the year. This is to insure that each group is adequately informed of Cooperative Extension's policies and procedures.

The information contained in this documentation has been discussed and I have been duly authorized to submit it as our group's affirmative action plan to assure non-discrimination.

SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_



Date \_\_\_\_\_

Kay D. Brown  
Extension Agent IV, 4-H Program Leader  
3740 Stefani Road  
Cantonment, FL 32533

Dear Mrs. Brown

The \_\_\_\_\_ 4-H Club does not have any policies or procedures that exclude any person from membership or participation in any of its activities, or in any way discriminates against persons, on the basis of race, creed, national origin, sex, color or handicap.

Thank you for your cooperation in the past and we look forward to working with you in the future.

Sincerely,

\_\_\_\_\_  
4-H Club Leader

\_\_\_\_\_  
4-H Club Name