

Montcalm County 4-H Annual Committee Update Form



Committee Name:	[Date chartered:		
EIN Number:				
Please list the names of your 4-H Commit	tee Officers:			
President:				
Vice-President:				
Secretary:				
Treasurer:				<u></u>
Other:				
Nomination month(s):	Election Month:			
Member Information:				
How many members:	How many repres	ented clubs:		
Meeting Information:				
Day of week: Time:	Location:		Zoom?	
Bylaws on file / Date:		· · · · · · · · · · · · · · · · · · ·	······································	
Policies and Procedures on file / Date:				· · · · · · · · · · · · · · · · · · ·
Does your committee have a treasury? Yes	s No _			
If yes, what type of bank account(s) is used?	Checking	Savings	Other	Cash
Does your committee have a debit card?	Yes	No		
If yes, input last 4 of debit card:	Date of Expiration:			
Date Debit Card Policy signed:				
***Please note: Copies of committee with the year-end fina	e meeting minutes (a min ncial summary and all ba			
Yearly Events Information:				
Please list any yearly events / activities that	are coordinated by this	committee and of	fered annually:	



Montcalm County Fair Association Partnership Information:

Project Areas:

Please list the project areas that this committee partners with MCFA for the Montcalm County Fair, and the committee members that are assigned as MCFA Superintendents:

Project Area	1	Superintendent (s)
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Please list any other joint efforts	s, or p	artnerships with the Montcalm County Fair Association: