



Montcalm County 4-H Shooting Sports Club Form



Club Name: _____ Date chartered: _____

EIN Number: _____

Please list the names of your 4-H Club Officers:

President: _____

Vice-President: _____

Secretary: _____

Treasurer: _____

Other: _____

Nomination month(s): _____ Election Month: _____

Meeting Information:

Day of week: _____ Time: _____ Location: _____

Bylaws on file / Date: _____

Policies and Procedures on file / Date: _____

Does your committee have a treasury? Yes _____ 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 meeting minutes (a minimum of three) must be submitted with the year-end financial summary and all bank statements.

Yearly Events Information:

Please list any yearly events / activities that are coordinated by this committee and offered annually:

Please list the names and area of certification / date of Gold-Level Volunteer Instructors:

<u>Name:</u>	<u>Area of Certification:</u>	<u>Certification Date:</u>