

Club and Program Update Form

Please complete and return by December 1st. Email forms to: snoco.4h@wsu.edu

Club Name	Leader:			<u>—</u>			
mail:Phone Number:							
Mailing Address:	City_		Zip				
Club Co-Leader (if applicable)	Phone Number	Email					
Club Meeting Location:	ub Meeting Location:Address						
Meeting Days & Times (i.e. "2ND Wedne	sday of each month", or "every Mond	lay"):					
Projects Offered in Club & Project Leade	er's Name: Add as many projects as a	are offered.					
Club Contact for 4-H Directory (When p	people call the office, who would you	like them referred	1 to?)				
Name	Phone Number:						
Email:	Website:						
Remember all social media pages must	be closed groups!						
What information would you like publish	ned on the Snohomish County Websi	te?					
Check all that apply Name Phon	ne Number Email Address	Website					

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President
Vice President
Secretary
Treasurer
Additional
Have you completed the following? Click on document name to be directed to forms on the web.
Financial Report
Peer Audit
Property Inventory Form
Civil Rights Card (if no, copy is provided on page 3)
Have you made any changes to your club constitution or bylaws? YES or NO If YES, please attach to email along with completed form.
Does your club have: Annual Club Fees? Yes No
If so, how much per member? Is there a Scholarship fund to cover club fees? Yes No
Any additional information that we should know?

Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation, or status as a Vietnam-era or disabled veteran. Evidence of noncompliance may be reported through your local Extension office.



Snohomish County 4-H Civil Rights Compliance

The Washington State University Snohomish County Extension Programs complies with the Civil Rights Act of 1964.

The membership of	4-H Club
is open to all youth of the community without regar national origin, gender, disability or sexual orientation 4-H club, I certify compliance.	
Signature	
Printed Name	
Full Address	STREET TON STATE DAMPING TO
Date	C*