

_____ CLUB INFORMATION

Due March 15

Club Name: _____

Club Organizational Volunteer:

Name: _____ Phone: _____ Email: _____

Other Approved Volunteers:

Cloverbud Volunteers:

Club Email (REQUIRED - email of person responsible for communicating to club):

Club EIN #: _____

Club Checking Account Bank Name: _____

Authorized Check Signers:

Club Savings Account: Yes No

Names on Club Savings Account: _____

Club meeting location: _____

Normal meeting day and time: _____

Area majority of members are from (ex. name of township, school district):

CLUB OFFICERS:

| OFFICE | MEMBERS NAME |
|-------------------|--------------|
| President | |
| Vice President | |
| Secretary | |
| Treasurer | |
| News Reporter | |
| Recreation Leader | |
| Health Officer | |
| Safety Leader | |
| Other: | |
| Other: | |