



New Jersey Agricultural Experiment Station



New Jersey 4-H Officer and Membership List

(To be completed *annually*. Clubs that do not submit this form to the 4-H Office by December 31 annually will be dropped from our roles.)

Date: _____

(Name of 4-H Club)

(Town or Area)

Present Adult Leaders

mailing address

Phone

e-mail address

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Present Club Officers

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Club Reporter: _____

Leader's Signature

