Chartering Application
Volunteer Association or Group
Texas Extension

County_____
District _____

All of the following criteria have been met by the members of our association or group.

Check off when each criteria is met:

_____ Club or group name
Name _____Year Began_____
_____ Five or more members
_____ Meeting place (*for at least the next 3 months*)
Location _____
_____ Elected officers to fill at least the positions of president, vice president, secretary and treasurer
_____ By-laws containing a dissolution clause
_____ EIN number obtained through the IRS
_____ Bank account
Name_____
_____ Whose signatures are on the account? _____,_____
_____ Is there an annual budget?
_____ Copy of the Annual Review of Support Group Funds form. (attached)

If the group or club has been chartered before, what was the date?
_____

This form must be submitted to the county Extension office no later than September 30th.

President's signature _____ Date _____

Treasurer's signature _____ Date _____

Charter expires on August 31, _____. Year group began _____
(If previously in existence)

For Office Use Only

Approved:
Group chartered _____ Yes _____ No Group renewed _____ Yes _____ No

Not approved because the following criteria (from the list above) were not met:

_____
_____
_____

Approved by:

County Extension Agent(s) _____ Date _____

Department/Unit approval_____ Date _____

Office of Volunteer Development_____ Date _____