

Notice of Change in Association Roles



Please take a moment to update 4-H Ontario on the key contacts in your Association and return this form to your VS Coordinator as changes occur.

4-H Association:		Effective Date:	
Submitted by:		Date:	

Association President	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Association Vice President	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Association Secretary	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Association Treasurer	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Association Representative (AR)	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Association Key Contact *Should be the person to be contacted to obtain information about 4-H in your Association (i.e. new member or volunteer wanting to join)	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Association Membership Coordinator	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Association Awards Contact	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Association Livestock Contact	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Association Screening Contact	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Screening Committee Members	
Name:	
Email:	
Name:	
Email:	
Name:	
Email:	

Additional Contacts that Associations may have

Association Webmaster	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Association Newsletter Contact	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Association Resource Contact	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Association	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	

Association	
Name:	ID#
Civic Address	
City	Postal Code
Home Phone:	Cell Phone:
Email:	