

2019 Annual Return for Agricultural Societies

Regulatory Deadline for Submission:

February 15, 2020

For Assistance and to Submit Please Contact:

Monika.Warring@gov.ab.ca

**Monika Warring
Grant Program Support
Agriculture and Forestry
#106, 4709 – 44 Avenue
Stony Plain, AB
T7Z 1N4
780-968-3517**

Agricultural Society Name

Please use and submit this annual return checklist along with all of the other applicable documents on the list. All of these items are required as per the *Agricultural Societies Act* (Section 26.1) and the *Agricultural Societies Regulation* (Section 4).

- Directors List
- 2019 Activities Report
- Copy of the minutes of the most recent AGM
- Copy of the minutes of the 2nd most recent AGM (as adopted at the most recent AGM)
- AGM membership sign-in sheet (to verify quorum was achieved)
- Financial Statements
 - Must be approved at the annual general meeting by your membership
 - Must be signed by **two directors** of the agricultural society and the **accountant**
 - Must be a review engagement or audit report prepared by a professional accounting firm

Statement of Certification

We certify that:

- We are authorized to complete the Annual Return.
- That the information provided in the Annual Return is, to the best of our knowledge, true, complete and correct.

Date (yyyy-mm-dd)	Print Director's Name	Director's Signature
Date (yyyy-mm-dd)	Print Director's Name	Director's Signature

The personal information that you provide on this form and any attachments will be used for the purpose of administering the Agricultural Societies Program. Your personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and is protected by the privacy provisions of the Act. If you have any questions about the collection, use or disclosure of your personal information, please contact the Agricultural Societies Program at: Room 106, 4709 44 Avenue, Stony Plain, AB T7Z 1N4; 780-968-3517; for toll free access, dial 310-0000 followed by telephone number.

All fields marked with an * are Mandatory.

*Agricultural Society Name		
*Mailing address of Agricultural Society (<i>This is where correspondence will be mailed.</i>)		
*Town/City	*Postal Code	*Telephone Number (<i>Ag. Society</i>)
Fax Number	*Email Address	

Agricultural Society Primary Contact

*Name (<i>first name, last name</i>)	*Position	
*Telephone Number (<i>Office</i>)	*Cellphone Number	*Email Address

Board of directors:

The board of directors listed were elected/appointed at the meeting held on: _____
Date (*yyyy-mm-dd*)

Officers/Executive of the Board:

1 President

Title	Name (<i>first name, last name</i>)		
Mailing Address			City
Postal Code	Phone Number	Email Address	

2 Vice President

Title	Name (<i>first name, last name</i>)		
Mailing Address			City
Postal Code	Phone Number	Email Address	

3 Additional Executive (*Title*)

Title	Name (<i>first name, last name</i>)		
Mailing Address			City
Postal Code	Phone Number	Email Address	

4 Secretary

Title	Name (<i>first name, last name</i>)		
Mailing Address			City
Postal Code	Phone Number	Email Address	

5 Treasurer

Title	Name (<i>first name, last name</i>)		
Mailing Address			City
Postal Code	Phone Number	Email Address	

Other Directors:

6

Title	Name (<i>first name, last name</i>)		
Mailing Address			City
Postal Code	Phone Number	Email Address	

7

Title	Name (<i>first name, last name</i>)		
Mailing Address			City
Postal Code	Phone Number	Email Address	

8

Title	Name (<i>first name, last name</i>)		
Mailing Address			City
Postal Code	Phone Number	Email Address	

9

Title	Name (first name, last name)		
Mailing Address			City
Postal Code	Phone Number	Email Address	

10

Title	Name (first name, last name)		
Mailing Address			City
Postal Code	Phone Number	Email Address	

11

Title	Name (first name, last name)		
Mailing Address			City
Postal Code	Phone Number	Email Address	

12

Title	Name (first name, last name)		
Mailing Address			City
Postal Code	Phone Number	Email Address	

13

Title	Name (first name, last name)		
Mailing Address			City
Postal Code	Phone Number	Email Address	

Please note in the section below there are + (add) and - (delete) buttons along the right hand side, that are available for ease of either adding or deleting rows as required.

14

Title	Name (first name, last name)		
Mailing Address			City
Postal Code	Phone Number	Email Address <div style="float: right; text-align: right;"> + - </div>	

Please use the following table to categorize the activities that your agricultural society engaged in **last year**. This information is for the collection of statistical information. Please make sure to mark the appropriate number for each activity on the form.

Category	Number
4-H	9
AAAS	8
Agricultural Education	5
Agricultural Issues - BSE, Agricultural Awareness, Consumerism, Drought	22
Cowboy Poetry	17
Awards/Appreciation Nights	16
Bingos & Casinos	77
Capital Development	66
Community/Economic Development	23
Craft fairs/sales	18
Dances/Dinners	11
Fairs	2
Farm Safety	30
Farmers market	10
Fundraising	14
Horse events	24
Horticulture	21
Livestock Shows	4
Meetings (Agriculture)	15
Meetings (Non-agriculture e.g. weddings, funerals, showers)	99
Miscellaneous Community Events	19
Miscellaneous (none of the below)	0
Operate/maintain facilities	20
Rodeo	1
Scholarships/Sponsorships	6
Seasonal celebrations	13
Sports activities	12
Trade shows	3
Youth/Adult training	7

Agricultural Society Name	AGM Date (yyyy-mm-dd)
---------------------------	-----------------------

Please note in the section below on the next page there are + (add) and - (delete) buttons along the right hand side, that are available for ease of either adding or deleting additional rows as required.

The sign-in sheet is used to provide evidence that quorum was achieved as per Section 4(3)(d) of the Agricultural Societies Regulation.

#	Member Name (please PRINT)	Mailing Address	Signature
Ex.	Example: John Doe	Box 123, Acme, AB T0E 0E0	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

#	Member Name (please PRINT)	Mailing Address	Signature
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

#	Member Name (please PRINT)	Mailing Address	Signature
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			