

4-H MEMBERSHIP ACROSS COUNTY LINES APPLICATION

4-H Member's Name (Last, First, MI) _____
Date

Address State Zip

Years in 4-H County of Residence County of Desired Membership

Member's reason for desiring across county membership:

Member's Signature Date Parent/Guardian Signature Date

I hereby agree to release above stated member to the county 4-H program of choice.

Extension Educator, 4-H County of Residence Date

I hereby accept above stated member into the county 4-H program with agreement form above signed 4-H educator.

Extension Educator, 4-H County of Desired Participation Date