

4-H MEMBERSHIP ACROSS COUNTY LINES APPLICATION

4-H Members Name (Last, First, MI)

Address

Town

State

Zip Code

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's Signature

Date

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

4-H Agent from County of Residence

Date

I hereby accept above state member into the county 4-H program with agreement from above signed 4-H agent.

4-H Agent from County of Desired Participation

Date