

**Membership Application**  
**OHIO 4-H HORSE ADVISORY COMMITTEE**

Name \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Years as 4-H horse project volunteer \_\_\_\_\_

Why would you like to be a member of the Ohio 4-H Horse Advisory Committee?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List one improvement you would like to make in the Ohio 4-H Horse Program:

\_\_\_\_\_

\_\_\_\_\_

What talents or expertise can you bring to the Ohio 4-H Horse Advisory Committee?

\_\_\_\_\_

\_\_\_\_\_

Please list two (2) references. Include their names, phone numbers, and email addresses:

\_\_\_\_\_

\_\_\_\_\_

I have read the Constitution and, if selected, agree to the terms outlined:

Volunteer's Signature \_\_\_\_\_

As an OSU Extension professional, I support the nomination of this volunteer for membership to the Ohio 4-H Horse Advisory Committee:

Extension Professional's Signature \_\_\_\_\_

Please return this application to: Kimberly Cole, Ph.D., Extension Equine Specialist, OSU Department of Animal Sciences, 2029 Fyffe Ct., Columbus, Ohio 43210.