

Request for 4-H Membership Across County Lines

Note: This form is to be submitted by all youth who wish to be 4-H members in any county other than the county where they live.

Steps to follow:

1. Provide all requested information. Do not leave anything blank.
2. Send completed form to the county Extension office in which 4-H membership is being requested (County of Request).
3. The 4-H Educators in the County of Request and the County of Residence will review the request. Ohio 4-H policy/procedure states that any request motivated by perceived competitive or sale advantage, any change due to controversial issues, or other similar motivations will automatically be rejected. There must be a 4-H program in both counties (i.e. requests cannot be made as a result of a failed levy or as a result of the Extension office closing in a county due to lack of funding.)
4. The 4-H Educator in the County of Request will provide written notification to the applicant with the joint decision of the 4-H professional in each county.
5. Permission for 4-H membership across county lines should NOT BE assumed by the parents of the child until official notification is received from the 4-H staff in the county of request.

Date of Request: _____ Phone Number: _____
 Name: _____ Date of Birth: _____ Age: _____
 Address: _____ Zip: _____
 School District Attending: _____ Current Grade in School: _____
 County of Request: _____ County of Residence: _____

Previous Members

Years in 4-H: _____ What Counties: _____
 Projects: _____
 Are you a 4-H member in good standing? YES NO

All Applicants

Will market animals, other livestock, horse, or dogs be taken as 4-H projects? YES NO

If yes, please identify which project specifically: _____

Why are you seeking 4-H membership outside of your county of residence?

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

I understand that it is my responsibility as a parent/guardian to review and understand all 4-H rules, policies, and guidelines of the county we wish to join and to ask questions if I do not understand.

For Office Use Only	
___ Approved with restrictions as follows: Membership for _____ County only.	
___ Not Approved	
Signature of 4-H Educator: _____	Date: _____

