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: _______________