

Request for 4-H Membership Across County Lines

This form must be completed by any youth requesting 4-H membership in a county other than their primary residence. The "4-H Community Club Membership Across County Lines" policy document contains additional information (available from your local OSU Extension office). Permission for 4-H membership across county lines should not be assumed. You will receive official notification from the county of request.

Steps:

1. Provide all requested information. Do not leave anything blank on this request form.
2. Take this completed request form to the county OSU Extension office in which 4-H membership is being sought (the county of request).
3. The 4-H professionals in the county of request AND the county of residence will discuss your request and make a determination. Their decision shall be final and not subject to appeal.
Note: There must be a fully-funded 4-H program in both counties in order for your request to be valid.
4. The 4-H professional in the county of request will provide written notification to you regarding the joint decision of the 4-H professionals in each county.

County of Request: _____ County of Residence: _____

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

If yes, which project(s): _____

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

Date of Request: _____ Preferred Phone Number: _____ (cell / home)

Name: _____ Date of Birth: ____ / ____ / ____ Age (as of Jan. 1): ____

Address: _____ City: _____ State: ____

School District: _____ Current Grade in School: _____ ZIP: _____

If you are a current or previous 4-H member:

Years in 4-H: _____ In what county(ies): _____

Projects taken: _____

If accepted for cross-county lines membership, we understand that it is our responsibility as a 4-H family to review and understand all 4-H rules, policies, and guidelines of the county we wish to join and to ask questions when we do not understand.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only Not Approved Approved: date notification sent: _____. If conditions/restrictions, list:

4-H professional county of residence: _____ Date: _____

4-H professional county of request: _____ Date: _____

Updated 12/15 K. Blair

