

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 policy and procedures are found in **4-H Membership Across County Lines**. Permission for 4-H membership across county lines should not be assumed. Responses to requests come from the county of request 30 days after submission. Please follow these steps:

1. Provide all requested information on this form. Do not leave anything blank.
2. Take the completed request form to the county OSU Extension office in which 4-H membership is being sought (the "county of request"). The request must be made 30 days prior to the county of request's 4-H membership enrollment deadline.
3. The 4-H professionals in the county of request AND in the county of residence will discuss your request and make a determination. Their decision is final and not subject to appeal. *Note: There must be a fully-funded 4-H program in both counties in order for the request to be considered.*
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 both counties.

County of Request _____ County of Residence _____

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

If yes, which project(s) _____

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

Name of club you would like to join _____

Member's name _____ Date of birth ____ / ____ / ____ Age (as of Jan. 1) _____

Address _____ City/ST/ZIP _____

School District _____ Current Grade in School _____

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

Total years in 4-H _____ In what county(ies) _____

Projects taken _____

If accepted for cross-county lines membership, we understand 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 name (print) _____ Youth signature _____

Parent/Guardian name (print) _____ Parent/Guardian Signature _____

Date of request _____ Preferred Phone Number _____

For Office Use Only <input type="checkbox"/> Not Approved <input type="checkbox"/> Approved List any conditions and restrictions here: 4-H Professional in County of Residence _____ Date _____ 4-H Professional in County of Request _____ Date _____	Date notification sent _____
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