

**REQUEST FOR 4-H MEMBERSHIP ACROSS COUNTY LINES**

(This form is to be submitted by youth who wish to enroll in the Coshocton County 4-H program, but reside outside of Coshocton County.)

Steps to follow:

1. Complete the form fully.
2. Send the completed form to The Ohio State University Extension Office in which the member wants to join 4-H.
3. The 4-H/Youth Development Educators in your "County of Residence" and the "County of Request" will review your request. Please be aware that the Membership Across County Lines Policies (effective September 1, 1994) will be used to review the transfer. Note: these policy guidelines state that "any change motivated by perceived competitive or sale advantage, any change due to controversial issues, or other similar motivations will be automatically rejected".
4. The 4-H Educator in the "County of Request" will respond to you with the joint decision.

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Date of request \_\_\_\_\_ School district \_\_\_\_\_

County of residence \_\_\_\_\_ County of Request \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
Street or Rural Route \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Have you been in 4-H previously? \_\_\_\_\_

**PREVIOUS MEMBERS ONLY:**

Years in 4-H \_\_\_\_\_ What counties \_\_\_\_\_

Club name \_\_\_\_\_ Projects taken \_\_\_\_\_

**ALL APPLICANTS:**

What projects will you take this coming year? \_\_\_\_\_

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

\_\_\_\_\_ Approved with restrictions as follows:

\_\_\_\_\_ Not Approved

Approval given by:

_____	_____
Date	"County of Residence" Educator
_____	_____
Date	"County of Request" Educator