

Request for 4-H Membership In a Neighboring County or State

University of California
Agriculture and Natural Resources



12/2014

Chapter 4 XC of California State 4-H Policy Handbook states:

The county of residence is the primary county for 4-H YDP enrollment. A 4-H member cannot be enrolled in two different counties at the same time. Any exceptions to this residence requirement must have prior approval from 4-H YDP staff in both counties and/or states affected. 4-H YDP staff reserve the right to reassess all previously granted approvals for out of county or state membership when the 4-H program year begins, July 1.

This agreement requires that the 4-H member and member’s parent/guardian, 4-H adult volunteers and staff agree to the following:

1. Acknowledgement of the reasons for the cross county or state 4-H enrollment.
2. The 4-H member agrees to follow the constitution, bylaws, policies, and procedures of the host state, county, and 4-H club.
3. There must be a current 4-H YDP program in the home county of the youth who is enrolling in the neighboring county or state.

4-H Member Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Address: _____

Name of 4-H Club, County and State being requested (host) _____

Name of 4-H Community Club Leader in host county: _____

Reason for out-of-county request:



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It is the responsibility of the 4-H member and their parent/guardian to acquire all signatures.

We request membership in a county other than our residence: (Print or type name)

Parent/Guardian Date

4-H Member Date

Acknowledgement of Request by 4-H Community Club Leader in host county: (sign below)

Host County 4-H Club Community Leader Name

Host County 4-H Club Community Leader Signature Date:

Approval of Request:

Residence County 4-H Youth Development Program Staff Name

Residence County 4-H YDP Staff Signature Date:

Host County 4-H Youth Development Program Staff Name

Host County 4-H YDP Staff Signature Date:

If club is in another state:

Residence State 4-H Office Director _____ Date _____

Alternate State 4-H Office Director _____ Date _____

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