

# 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: \_\_\_\_\_

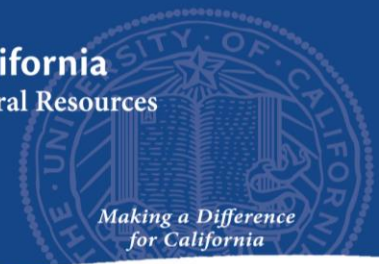
Reason for out-of-county request:



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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 CCL Name:

Host County 4-H CCL Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Approval of Request:**

Residence County 4-H YDP Staff Name: \_\_\_\_\_ Date \_\_\_\_\_

Residence County 4-H YDP Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Host County 4-H YDP Staff Name: \_\_\_\_\_ Date \_\_\_\_\_

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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