

Application for Continuation of Out of County Membership In Fremont County 4-H for 20_____

This application is to request continued membership in the Fremont County 4-H program. All persons living in the same household may apply using one application.

Applicants' Printed Names (Immediate Family Only-Living in Same Household) 4-Her/Leader	Birth Date	Age
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Physical Address: _____
Street Address
City
Zip
County

Mailing Address: (If different from physical address) _____
Address
City
Zip

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

Each applicants' signature below, as well as the parent/guardian signature, indicates each person's understanding of and acceptance of the following: I understand the granting of this membership in the Fremont County 4-H program is a privilege and not a right. The refusal of anyone on this application to abide by the Fremont County Code of Conduct could result in their membership in Fremont County being revoked. The purpose of allowing someone membership in a county other than their home county is for the benefit of all parties. I further understand that if it is determined by the Fremont County Extension Director that my membership is not in the best interests of the Fremont County 4-H program, my membership will be revoked. Your membership in Fremont County this year does not guarantee approval for membership next year.

1. Applicant signature _____ Date _____

2. Applicant signature _____ Date _____

3. Applicant signature _____ Date _____

4. Applicant signature _____ Date _____

5. Applicant signature _____ Date _____

Parent/Legal Guardian signature _____ Date _____

Application: Approved _____ Date _____
 Not Approved _____
Tommy L. Covington, County Director

2. How will membership in 4-H in Fremont County benefit you?

3. How will your membership benefit the 4-H program in Fremont County?

4. Have you notified the 4-H Agent or County Director in your county that you want to join 4-H in Fremont County and why? (We will be contacting him/her) Yes No

Each applicant's signature below, as well as the parent/guardian signature, indicates each person's understanding of and acceptance of the following: I understand that the granting of membership in the Fremont County 4-H program is a privilege and not a right. The refusal of anyone on this application to abide by the Fremont County Code of Conduct could result in their membership in Fremont County being revoked. The purpose of allowing someone membership in a county other than their home county is for the benefit of all parties. I further understand that if it is determined by the Fremont County Extension Director that my membership is not in the best interests of the Fremont County 4-H program, my membership will be revoked.

1. Applicant signature _____ Date _____

2. Applicant signature _____ Date _____

3. Applicant signature _____ Date _____

4. Applicant signature _____ Date _____

Parent/Legal Guardian signature _____ Date _____

This application must be filled out and approved the first year you apply for membership in Fremont County. Each subsequent year you must fill out the "Application for Continued Membership".

Your membership in Fremont County this year does not guarantee approval for membership next year.

Application: _____ Approved
_____ Not Approved

Tommy L. Covington, County Director

Date