



EXTENSION SERVICE



Year Beginning October 1, 20_____

Name of 4-H Unit _____

Meeting Time _____ Meeting Place _____
(Day and Hour)

Unit Leaders

Name	Address	Phone	Leadership Duties	# Yrs. Leader	Male	Female
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I certify that _____ is open to any youth of 4-H age in _____ regardless of
Unit Name Community
race, color, sex, disability, religion, age, veteran status, sexual orientation or national origin.

Signature of Leader

PLEASE COMPLETE AND RETURN TO COUNTY OFFICE WITH MEMBERSHIP ENROLLMENT CARDS.