

**2016-2017 4-H YEAR REQUEST TO TRANSFER MEMBERSHIP**

Any 4-H family requesting their membership be transferred from one county to an adjacent county will complete this form. The form must be submitted thirty (30) days prior to membership being transferred. Membership will not be considered active in the adjacent county until all parties have approved the form and official notification has been received.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is this a family or individual member transfer request? |  | Family Transfer |  | Individual 4-H Member |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of 4-H Members: |  |  |  |  |  |  |  |  |  |  | Age: |  | Grade: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Age: |  | Grade: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Age: |  | Grade: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Age: |  | Grade: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Age: |  | Grade: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| County of Residence: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| County Requesting Membership be Transferred to: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reason for Membership Transfer (please provide a detailed explanation for your request to transfer membership): |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Submitted by: |  |  |  |
|  | Printed Name of Parent/Guardian |  | Signature of Parent/Guardian |  | Date |
|  |  |  |  |
| Form Routing: |  |  |  |  |  |  |  |
|  | Approved |  | Denied |  | County Extension Agent - County Transferring To |  | Date |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Approved |  | Denied |  | County Extension Agent - County of Residence |  | Date |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Approved |  | Denied |  | District 4-H Specialist |  | Date |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Approved |  | Denied |  | District Extension Administrator |  | Date |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Approved |  | Denied |  | Associate Director for County Programs |  | Date |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Approved |  | Denied |  | Texas 4-H Youth Development Program Director |  | Date |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Routing Instructions:* | The Texas 4-H Office will email the form and final decision to both county agents identified on the form.  |