

# Washington County 4-H Alumni Association Membership Form



Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Home County: \_\_\_\_\_ Residing County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Birthday \_\_\_\_\_ Years in 4-H From: \_\_\_\_\_ to \_\_\_\_\_

4-H Awards/trips: \_\_\_\_\_

## How would you like to continue to be involved in the Washington County 4-H Program?

- Assist with the planning of the local 4-H programming
- Assist/support specific 4-H events or projects (list) \_\_\_\_\_
- I would like to assist with the planning of alumni events, i.e. golf outing, supper, meetings, etc.
- Make contacts on behalf of 4-H
- I'd be interested in potentially serving on committees
- I'd be interested in volunteering during the fair
- I'd be interested in further supporting 4-H financially, i.e. trophy sponsor, endowment, additional 4-H events, etc.
- I wish to only be part of the Association and not be further involved

My special interests are in the area(s) of \_\_\_\_\_

## Membership Dues

- \$15 per year
- \$10 per year, I have been out of high school for 4 or less years  
Graduated in \_\_\_\_\_

*Please fill out and return to:*

Washington County Extension Office  
2223 250<sup>th</sup> St.  
Washington, IA 52353

**4-H PLEDGE**  
I pledge my **HEAD** to clearer thinking,  
my **HEART** to greater loyalty,  
my **HANDS** to larger service,  
and my **HEALTH** to better living,  
for my club, my community,  
my country, and my world. 

### Office use Only

Date: \_\_\_\_\_  
Cash or Check: \_\_\_\_\_  
Receipt #: \_\_\_\_\_