

# **Independent Member Completion Report (\_\_\_ - \_\_\_ 4-H Year)**

Member Name: \_\_\_\_\_

- Community service learning project: \_\_\_\_\_ Date Completed: \_\_\_\_\_
- Presentation or demonstration for a group: \_\_\_\_\_ Date Completed: \_\_\_\_\_
- Meet with mentor six or more times.
- Contribution to the larger 4-H program: \_\_\_\_\_ Date Completed: \_\_\_\_\_
- Complete and turn in a record book.

Notes: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

Keep this half for your records

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Notes: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

Submit this half to the Extension Office