



Request for Deactivation of Change in 4-H Membership

_____ (*name of 4-H'er*) is requesting to deactivate a change in membership from _____ (*county*) to _____ (*home county*).

This request is made because (*describe in detail the reason for the request emphasizing how this change is the best interest of the 4-H'er and the principles of positive youth development*).

Signature of 4-H'er _____
Date

Signature of Parent _____
Date

*County Extension Staff Home County _____
email

*County Extension Staff of Proposed County _____
email

***Please include any concerns regarding this change on the back of the page or by attaching an additional letter. This information is for committee use only.**

Submit to: ga4hrequest@uga.edu

For State 4-H Office Use Only		
Date:	Approved	Denied
Updated 10/23/2024		