Return by September 1 to:
Washington 4-H Council
c/o Tony Dell
WSU Puyallup
2606 W Pioneer
Puyallup, WA 98371-4998
e-mail: adell@wsu.edu

County

Date

Parent/Guardian Signature

County 4-H Council President’s Signature

County 4-H Agent/Program Assistant Signature

Position applying for: (circle one)
- Northwest
- Southwest
- Northeast
- Southeast

Name: ________________________________

Address: ________________________________

City: ____________________________ Zip: ________ Phones: ____________________________

Email: ________________________________

Number of years as a 4-H member: ___________ Where? ____________________________

(Please limit remarks to this side of page only.)

Jobs performed for County 4-H Program:

Other 4-H jobs held:

Why do you want to be a member of the State 4-H Advisory Board?

What do you hope to contribute or achieve as an Advisory Board member?

Other comments:

__________________________________________________________________

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