



**Annual Request for Official Approval
of a 4-H Unit, Certification of
Nondiscrimination, and Permission to
use 4-H Name and Emblem**

Name of Group _____ EIN Number: _____

Type of Group: (4 – H Club, 4 – H Special Interest Group, county 4 – H Leader’s Council, etc.)

Purpose of Group _____

This is to certify that the above named 4-H Unit is open to all eligible persons regardless of race, color, sex, national origin, religion, age, disability, marital or veteran status, genetic information, sexual preference, pregnancy, or any other legally protected status and UADA is an equal opportunity institution. This is to certify that the above named 4-H unit is not a single-family group.

Volunteer leader or other person in charge of 4 – H Unit (print name) _____

Signature _____ Date _____ County _____

E-Mail: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Official Approval for 4-H Unit

On the basis of the above purpose(s), the _____

Is authorized to use the 4-H name and emblem in connection with its program and activities and is considered an official 4-H unit of the Cooperative Extension Service.

County Extension Agent – Staff chair _____
(Print name)

County Extension Agent – Staff chair _____
(Signature)

Date _____ Enter County _____