

**PLEASE RETURN THIS FORM
WITH YOUR 4-H MEMBERSHIP FEES
TO THE ROCK COUNTY EXTENSION OFFICE**
(due the 3rd Friday of December, and the 3rd Friday of March)

4-H Club Membership Fee Summary 2019-20

4-H Club _____ Date _____

4-H Club Enrollment Coordinator _____ Phone _____

	Number	Fee	Total Fee
Member	_____	X \$22.00	_____
Cloverbud	_____	X \$6.00	_____
<u>Total Membership Fees</u>			_____

Paid with check number _____ payable to Rock County 4-H Leaders Council
(memo: membership fees)

Paid with cash _____

Received by (signature of Rock County Extension staff): _____

(4-H Club Copy)

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