

4-H MEMBER
Yearly Plan and Record Book
for 20\_\_ \_\_ - 20 \_\_ \_\_
 (enter year)

Name: County:

Address: \_City or Town:

Birthday Month: \_Day: \_Year:

Name of Club:

Parent’s Name:

The University of Wisconsin-Madison Division of Extension provides equal opportunities in employment and programming in compliance with state and federal law.