

ORANGE COUNTY 4-H ASSOCIATION



Standards of Excellence (S.O.E.) TRANSFER FORM

Date of Request: ___/___/___

Club Name: _____

Type of Request:

Member Name: _____

Transfer to Club

Transfer to other member

(name)

(name)

Transfer to Association to pay for: _____

Amount: _____

*INCLUDE COPY OF CLUB MINUTES APPROVING EXPENSE, IF APPLICABLE

Club Member Signature

Date

Club Leader Signature

Date

-For Office Use Only-

Date Rec'd at 4- Office: ___/___/___ Agent Signature: _____

Member SOE available: _____