

Application Form 20 ____

Kent County 4-H Order of Links

Criteria for Membership: Please contact the 4-H office for criteria information.

To be completed by applicant or sponsor and returned by the date indicated to:

LINKS
University of Delaware
Kent County Cooperative Extension Office
69 Transportation Circle
Dover, DE 19901

Name: _____ Phone: _____

Address: _____

Years in 4-H: _____ Last Year of Membership: _____ Leadership: _____

Give a brief summary of your participation in 4-H:

Reasons for wanting to join LINKS: