**Club Year 20\_\_\_\_**

**4-H MEMBER COMPLETION REPORT**

*Due to OSU Extension Office by October 15*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Club Name*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Club Advisor and Contact Number*

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| **Members Name** | **Completed**  **4-H** | **Did not Complete**  **4-H** | **Cloverbud** | **Indicate 1, 5, 8, 10, 14 year for pin** |
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Total 1st year pins \_\_\_\_\_\_ Total 5th year pins \_\_\_\_\_\_ Total 8th year pins \_\_\_\_\_\_ Total 10th year pins \_\_\_\_\_\_

Total 14 year pins \_\_\_\_\_\_ Total # Certificates Needed: \_\_\_\_\_\_ Total # Cloverbud Certificates Needed: \_\_\_\_\_\_