

## **IRC 4-H Annual Community Club Cloverbud Membership Fee Instructions**

The Florida 4-H Youth Development Program requires an annual membership fee for 4-H Community Club youth members. Cloverbud fees of \$15.00 may be brought to or mailed to the IRC 4-H Extension Office; do NOT pay online (**Make checks payable to: University of Florida**). Youth or Cloverbuds will not be considered active 4-H members if the fee has not been paid. Fees are collected on an annual basis, based on the 4-H program year (September 1 to August 31). Payment for required state and/or county membership fees is due at the time of enrollment/re-enrollment. Enrollment and payment deadline for the 2024-2025 4-H year is Friday, October 25<sup>th</sup>.

### **Cloverbuds' (5-7 YRS.) Member Fee of \$15.00 each**

#### **Mail To:**

IRC 4-H Extension Office.  
1800 27<sup>th</sup> St., Building B  
Vero Beach, Florida 32960

### **Make checks payable to: University of Florida**

#### **OR: Bring to:**

IRC 4-H Extension Office.  
1800 27<sup>th</sup> Street  
Building B, 2<sup>nd</sup> Floor  
Suite B2-201A  
Vero Beach, Florida 32960

### **\*\*For Youth Members ages 8-18 (as of Sept. 1 of current 4-H year)\*\***

The Florida 4-H Youth Development Program requires an annual \$25.00 membership fee for Indian River County 4-H Community Club **Youth** members, 4-H ages 8-18 (some counties may charge a different fee). Credit or debit card payments are made online (only for youth members ages 8-18):

<http://v2.4honline.com>

**\*\*\* Only for Cloverbud Members age 5-7 \*\*\***

Complete the information below if paying by check or money order and mail this page with your payment.

4-H County: Indian River County 4-H Club: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Check or Money Order Amount: \_\_\_\_\_ Check or Money Order Number: \_\_\_\_\_

Please list the first and last name and birthdate for each member in your family that you are paying for with this payment.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Thank you for your payment!**



The University of Florida is an Equal Opportunity Institution.