



4-H Member Enrollment Form

County _____
4-H Club _____



New Enrollment.....
Re-enrollment.....
Youth Leader

Legal Name (please print) _____
Last First Middle

Address _____
Street/Mailing Address City Zip

School _____ **Year in 4-H** _____ **Birth Date** _____

Gender: Male Female **Grade** _____ **Residence** (check one) Farm Rural/10,000
 Town/10 - 50,000 Suburb/50,000 City/50,000

E-mail _____ **Receive Newsletter's via E-mail?**.....

List any special accommodation for a disability to participate in this program. _____

Ethnicity (check one) Hispanic Not Hispanic

Race (check one) White Black Alaskan/Am Indian Asian Hawaiian/
Pac. Island
 White/Black White/Am. Indian/Alaskan Black/Alaskan/Am. Indian White/Asian Other

Parent 1 _____
Last, First

Parent 2 _____
Last, First

Address (if different) _____

Address (if different) _____

City _____ **Zip** _____

City _____ **Zip** _____

Home _____ **Work** _____

Home _____ **Work** _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

Occupation _____

Occupation _____

Legal Guardian **Send Mailing**

Legal Guardian **Send Mailing**

Projects:

Project Name	Project Code	Year in Project	Is project manual needed?	For Office Use Only
			<input type="checkbox"/> Yes	<input type="checkbox"/>
			<input type="checkbox"/> Yes	<input type="checkbox"/>
			<input type="checkbox"/> Yes	<input type="checkbox"/>
			<input type="checkbox"/> Yes	<input type="checkbox"/>
			<input type="checkbox"/> Yes	<input type="checkbox"/>
			<input type="checkbox"/> Yes	<input type="checkbox"/>

We have read and understand the 4-H enrollment rules, deadlines and requirements. We have read and agreed to abide by the 4-H Code of Conduct on the back of this form.

Member's Signature _____ Date _____

Parent or guardian signature (required) _____ Date _____

Organizational Leader _____ Date _____

