

Postal Mail Email

Name	County	Family Email	Correspondence Pref.
Email		First Name	
Middle Name		Last Name	
Preferred Name		Mailing Address	
City		State	
Zip Code		Birth Date	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone	
Cell Phone		Years in 4-H	

Parent / Guardian 1

First Name	Last Name
Cell Phone	Work Phone

Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone

Second Household

Send Correspondence	<input type="checkbox"/> No <input type="checkbox"/> Yes	Correspondence Pref.	<input type="checkbox"/> Postal Mail <input type="checkbox"/> Email
Family Name	First Names		
Primary Phone	Address		
City	State		
Zip Code	Email		

Emergency Contact

Name	Phone
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Enrollment

Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes	(please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State
Residence	<input type="checkbox"/> Farm (rural area where agricultural products are sold) <input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	
Military	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling serving in the military	
Branch	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy	
Component	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	
Grade	School Name	
School Type	<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Special Education <input type="checkbox"/> Vocational Education	<input type="checkbox"/> Homeschool / Alternative <input type="checkbox"/> Magnet / Specialized School <input type="checkbox"/> Charter School

Clubs

Enroll	Club	Volunteer Title
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(Enroll)

Projects

Enroll	Project	Club	Volunteer Title	Years In
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(Enroll)

Please check with your county office or club leader for membership requirements. Submission of this form does not guarantee membership.

Member Signature _____ Date _____

Parent / Guardian Signature _____ Date _____