# 4-H Member/Leader Enrollment Form 2019-20

County _____
4-H Club (s) _____
_____

New Enrollment……❑
Re-enrollment……❑
Youth Leader ❑ Adult 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** _____

**If transferring from another club, list club** _____

**Cell Phone** _____ **❑s it okay to text this number? List Cell Phone Carrier** _____

**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 ❑Hawaiian/Pac. Island ❑Asian

**Parent 1** _____
Last, First
**Address** (if different) _____
**City** _____ **Zip** _____
**Home** _____ **Work** _____
**Phone** _____
**E-mail** _____
**Occupation** _____

**❑Legal Guardian** **❑Send Mailing**

**Parent 2** _____
Last, First
**Address** (if different) _____
**City** _____ **Zip** _____
**Home** _____ **Work** _____
**Phone** _____
**E-mail** _____
**Occupation** _____

**❑Legal Guardian** **❑Send Mailing**

**Member of Military? Y N** **What Branch?** _____ **Active duty, Reserve or Guard?** _____

| Project Name | Year in Project | Project Name | Year in Project |
|---|---|---|---|
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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