

# 4-H Member/Leader Enrollment Form 2020-21

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** \_\_\_\_\_  **Is 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

**Parent 2** \_\_\_\_\_  
Last, First

**Address** (if different) \_\_\_\_\_

**Address** (if different) \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Legal Guardian**       **Send Mailing**

**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

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 \_\_\_\_\_