

4-H Member Enrollment

4-H Year: 2023-2024 October 1, 2023-September 30, 2024

Member Information	n					
Legal First Name		Middle Name		Legal Last Name		
Preferred Name			Date of Birth			
Number of Years In 4-H	Gender Identit	y Female		Male	Prefer Not to Say	
Contact Information	n					
Mailing Address (Line 1)						
Mailing Address (Line 2)						
City	State		Zip Code		Primary Phone	
Member Email (If different than fa	mily email)		1			
Parent/Guardian						
Parent/Guardian First Name (Parent/Guardian 1)			Last Name (Pa	rent/Guardian 1)		
Phone Number (Parent/Guardian	1)		Work Number	(Parent/Guardian	11)	
To receive Text Messages, enter co	ell phone numb	er:	1			
Email (Parent/Guardian 1)						
First Name (Parent/Guardian 2)			Last Name (Pa	rent/Guardian 2)		
Phone Number (Parent/Guardian 2) Work Number (Parent/Guardian 2)						
Email (Parent/Guardian 2)						
Mailing Address (Line 1)						
Mailing Address (Line 2)						
City		State			Zip Code	
Second Household						
Would you like to provid	e informati	on for a seco	ond househ	old?		
Yes (if yes, complete Second					No (If no, skip to the Emergency Contact	
	Household	section below	v)		Information)	
First Name (Parent/Guardian 1)			Last Name (Pa	rent/Guardian 1)		
Phone Number (Parent/Guardian 1)			Work Number (Parent/Guardian 1)			
Email (Parent/Guardian 1)						

Second Household (Continue	d)				
First Name (Parent/Guardian 2)	Last Name (Parent/Guardian 2)				
Phone Number (Parent/Guardian 2)		Work Number	(Parent/Guardian	2)	
Email (Parent/Guardian 2)		Į.			
Mailing Address (Line 1)					
Mailing Address (Line 2)					
City	State			Zip Code	
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Emergency Contact Informati	on (Not I	isted abo	ove)		
Emergency Contact Name					
Emergency Contact Phone Number					
Emergency Contact Relationship					
Emergency Contact Email					
Demographics					
Place of Residence:					
Farm			Town City or	Suburbs 10,000 to 50	000
Town Under 10,000 or Rural	Non-Farm		-	more than 50,000	3,000
Are you of Hispanic, Latino/a/x, or of	Spanish or	igin?	١	'es	No
Race (Choose all that apply):					
American Indian or Alaskan N	Native		Native Hawaiian or other Pacific Islander		
Asian			White		
Black or African American			Prefer Not to State		
Prefer to Self-Describe Self-Describe as:					
School Information					
School Type:					
Public I	Private		Charter		Home
School County:		School Dist	rict:		
School Name:		Grade:			
Military Service of Family					
Military Service:					
No one in my family is servin	g in the milit	ary	I have a family	member who serve	ed in the military
If yes, branch of service:					
Air Force			Navy		
Army			Marine Corps		
Coast Guard			Space Force		
Branch component: Active			Reserves		



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Clubs and Projects	
Club Name:	
Club Name:	

Add a Project:							
Club:	Project:	Project Material Needed?	Years In				
		Yes No					
		Yes No					
		Yes No					
		Yes No					
		Yes No					
		Yes No					
		Yes No					
		Yes No					
		Yes No					
		Yes No					
		Yes No					
		Yes No					
		Yes No					
		Yes No					
		Yes No					

T-shirt Size								
T-shirt Size (check one)								
Youth:	S	М	L	XL				
Adult:	S	M	L	XL	XXL	XXXL		

Signatures		
Member Signature:	Date:	
Parent/Guardian Signature:	Date:	
4-H Leader Signature:	Date:	