



4-H Member Enrollment/Re-Enrollment Form

Washtenaw County

MEMBER INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____ Year in 4-H: _____

Birth Date: _____ Member E-mail : _____

_____ E-mail Newsletter _____ Prefer NOT to be contacted by National 4-H Council

Home Phone: _____ Member Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Disabled? YES / NO If yes, explain: _____

Military Family? YES / NO If yes, branch: Active Army, Army Guard, Army Reserve, Active Air Force, Air Guard, Air Force Reserve, Active Marine Corps, Marine Corps Reserve, Active Navy, Active Coast Guard, Coast Guard Reserve

MEMBER DEMOGRAPHICS:

Ethnicity: Hispanic / Not Hispanic Gender: Male / Female Grade: _____ 4-H Age (age as of Jan. 1): _____

Residence: Farm / Rural / Town / Suburb / City Race (circle all that apply): White / Black / American Indian / Asian / Hawaiian-Pacific

4-H INFORMATION:

Status: New / Return / Club Change Category: Member (9-18)/ Cloverbud (5-8) School District: _____

Media Release: I authorize MSU Extension to identify, photograph, or videotape me for local media stories about 4-H activities, MSUE and Washtenaw County publications and reports. Circle one: YES / NO

PARENT/GUARDIAN INFORMATION:

Parent 1 - Name: _____ E-mail: _____

Parent 1 - Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: (____)____ - _____ Work Phone Number: (____)____ - _____ Cell Phone Number: (____)____ - _____

Preferred time to call: a.m./p.m. OK to call at work? YES / NO

Parent 2 - Name: _____ E-mail: _____

Parent 2 - Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: (____)____ - _____ Work Phone Number: (____)____ - _____ Cell Phone Number: (____)____ - _____

Preferred time to call: a.m./p.m. OK to call at work? YES / NO

PROJECT/CLUB INFORMATION:

Primary 4-H Club: _____ Other 4-H Clubs/Committees: _____

Teen Leader? Yes/No			*T/L? Yes/No		
Project	Year	Y/N	Project	Year	Y/N
Project _____	Year _____	Y/N	Project _____	Year _____	Y/N
Project _____	Year _____	Y/N	Project _____	Year _____	Y/N
Project _____	Year _____	Y/N	Project _____	Year _____	Y/N
Project _____	Year _____	Y/N	Project _____	Year _____	Y/N
Project _____	Year _____	Y/N	Project _____	Year _____	Y/N
Project _____	Year _____	Y/N	Project _____	Year _____	Y/N
Project _____	Year _____	Y/N	Project _____	Year _____	Y/N
Project _____	Year _____	Y/N	Project _____	Year _____	Y/N
Project _____	Year _____	Y/N	Project _____	Year _____	Y/N

*Y/L=Teen Leader

By signing this form as a 4-H member and/or parent/guardian/relative, we recognize that we are representing 4-H & its values & ethics. We have read and agree to follow the code of conduct for members & parents/relatives and agree to adhere to the principles and philosophy of 4-H. Failure to comply may result in loss of privileges normally accorded to 4-H members.

Member Signature: _____ Parent/Guardian Signature: _____

General/Organization Leader Signature: _____ Date: _____

OFFICE USE ONLY: Date received: _____ By: _____ Date entered: _____ By: _____ Medical Form? YES / NO Receipt # _____ Scholarship _____ Cash / Check # _____ Fee Paid? YES / NO State 4-H Participation Fee Payment Information: _____