

4-H NEW MEMBER ENROLLMENT FORM

Club: _____

FOR OFFICE USE ONLY

County Code: _____ Club Code: _____ Member Code: _____

Category (Circle One): **M -- Member** **C -- Clover bud** **G -- Organizational Leader**
A- Activity Leader **R -- Resource Leader** **S -- Special** **P -- Project Leader**

Enrollment Type (Circle One) **N -- New Enrollment** **R - Re-Enrollment** **Drop from Club**

Last Name: _____ First Name: _____ M. I. _____

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

School: _____ Soc Sec Number: _____ - _____ - _____ Year in 4-H: _____

Gender: _____ Birthday: _____/_____/_____ 4-H Age: _____ Grade: _____

Other 4-H Memberships: _____ E-Mail Address: _____

Ethnic (circle one): Caucasian African American American Indian Hispanic Asian American Mixed

Residence (circle one): Farm Rural Under 10,000 Town 10,000 - 50,000

Project Name	Project Code	Year in Project
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I want the Extension Office to be aware of the following disability: _____

_____ I do not want University Extension to reveal my name, address, or telephone number as part of a public record or list.

_____ I grant permission for Cedar County Extension to use my child's photo in any news release or published web pages.

Member Signature _____ **Leader Signature** _____

Parent/Guardian Signature _____ **Date** _____

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Cedar County

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Parent Information

Member Last Name: _____ Member First Name: _____

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Parent Code 1:

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: () _____ Work Phone: () _____

Occupation: _____ E-Mail Address _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian: Yes / No Send Mailing: Yes / No

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Parent Code 2:

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: () _____ Work Phone: () _____

Occupation: _____ E-Mail Address _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian: Yes / No Send Mailing: Yes / No

FOR OFFICE USE ONLY

Parent Code 3:

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: () _____ Work Phone: () _____

Occupation: _____ E-Mail Address _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian: Yes / No Send Mailing: Yes / No
