

2011- 2012 FFA ENROLLMENT FORM

DELAWARE COUNTY

Due December 1

For Office Use Only:	
Member Code	_____

CHAPTER: _____

Circle One: New Enrollment Re-enrollment

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

Email address _____ School: _____

Mailing Address: _____ City: _____ Zip: _____

(Only if different than above)

Street Address: _____ City: _____ Zip: _____

Phone: (563) _____ - _____ Cell Phone: _____

Birthday: ____/____/____ Age: _____ Sex: _____ Grade: _____

Do you require an accommodation for a disability to participate in this program? _____

Father's Name _____ Mother's Name _____

E-Mail Address _____ E-Mail Address _____

Father's Address (Only if different than above) _____ Mother's Address (Only if different than above) _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Are you also a member of a Delaware County 4-H Club? _____ Which club? _____

Other 4-H/FFA members in Delaware County 4-H clubs in the family? _____

Do you want most correspondence to be sent by postal service or email? _____

(Circle One): Farm Rural (Towns Under 10,000) **(Circle One):** Non-Hispanic Hispanic

(Circle One): 1) White 2) Black 3) Alaskan/Am.Indian 4) Asian 5) Hawaiian/Pacific Island

6) White & Black 7) White & Am. Ind. 8) Black & Am. Ind. 9) White & Asian 10) Not Listed

PROJECTS

Member Signature: _____ Parent Signature: _____

Advisor Signature: _____ Date: _____