



4-H Member Enrollment/Re-Enrollment Form

MEMBER INFORMATION:

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

Birth Date: _____ E-mail Address: _____

____ E-mail Newsletter ____ Send 4-H Mailings ____ Prefer NOT to be contacted by National 4-H Council

Home Phone: _____ Cell Phone: _____ Work Phone: _____

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

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 Category: Member / Cloverbud School: _____

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

PARENT/GUARDIAN INFORMATION:

Parent 1 - Name: _____ Phone: _____ E-mail: _____

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

PROJECT/CLUB INFORMATION:

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

Project _____ Year ____ Club _____ Youth Leader? Yes/No

Project _____ Year ____ Club _____ Youth Leader? Yes/No

Project _____ Year ____ Club _____ Youth Leader? Yes/No

Project _____ Year ____ Club _____ Youth Leader? Yes/No

Project _____ Year ____ Club _____ Youth Leader? Yes/No

Project _____ Year ____ Club _____ Youth Leader? Yes/No

Project _____ Year ____ Club _____ Youth Leader? Yes/No

Project _____ Year ____ Club _____ Youth Leader? Yes/No

Project _____ Year ____ Club _____ Youth Leader? Yes/No

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: _____

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