



# 4-H Member Enrollment

4-H Year: 2024 - 2025  
October 1, 2024 - September 30, 2025

Member Information			
Legal First Name	Middle Name	Legal Last Name	
Preferred Name		Date of Birth	
Number of Years In 4-H	Gender Identity	Female	Male
Prefer Not to Say			

Contact Information			
Mailing Address (Line 1)			
Mailing Address (Line 2)			
City	State	Zip Code	Primary Phone
Member Email (If different than family email)			

Parent/Guardian			
First Name (Parent/Guardian 1)		Last Name (Parent/Guardian 1)	
Phone Number (Parent/Guardian 1)		Work Number (Parent/Guardian 1)	
To receive Text Messages, enter cell phone number:			
Email (Parent/Guardian 1)			
First Name (Parent/Guardian 2)		Last Name (Parent/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 provide information for a second household?	
Yes (if yes, complete Second Household section below )	No (If no, skip to the Emergency Contact Information)
First Name (Parent/Guardian 1)	Last Name (Parent/Guardian 1)
Phone Number (Parent/Guardian 1)	Work Number (Parent/Guardian 1)
Email (Parent/Guardian 1)	

**Second Household (Continued)**

First Name (Parent/Guardian 2)		Last Name (Parent/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	

**Emergency Contact Information (Not listed above)**

Emergency Contact Name
Emergency Contact Phone Number
Emergency Contact Relationship
Emergency Contact Email

**Demographics**

<b>Place of Residence:</b>		
Farm	Town, City or Suburbs 10,000 to 50,000	
Town Under 10,000 or Rural Non-Farm	City - Central, more than 50,000	
<b>Are you of Hispanic, Latino/a/x, or of Spanish origin?</b>		
	Yes	No
<b>Race (Choose all that apply):</b>		
American Indian or Alaskan 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**

<b>School Type:</b>			
Public	Private	Charter	Home
<b>School County:</b>		<b>School District:</b>	
<b>School Name:</b>		<b>Grade:</b>	

**Military Service of Family**

<b>Military Service:</b>	
No one in my family is serving in the military	I have a family member who served in the military
<b>If yes, branch of service:</b>	
Air Force	Navy
Army	Marine Corps
Coast Guard	Space Force
<b>Branch component:</b>	
Active	Reserves

