



4-H Member Enrollment/Re-Enrollment

(Return to club leader or MSUE 4-H, 21885 Dunham, #12, Clinton Twp., MI 48036)

BASIC INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____

Primary Phone (Parent): _____

Personal E-mail: _____

Mobile Phone (Parent): _____

Work E-mail (Parent): _____

Work Phone (Parent): _____

Personal SMS/Texting E-mail Address: _____

Call at Work (Parent): Yes No

E-mail newsletter Send 4-H mailings

Time to Call: _____ a.m./p.m.

Address: _____

City: _____ State: _____ Zip: _____ Years at current address: _____

Parent/Guardian Name(s): _____

Disability/Health Considerations: Yes No (If yes, explain: _____)

Military Family: Yes / No (Branch: Air Force / Army / Coast Guard / Marines / Navy Status: Active / Guard / Reserve / Retired)

DEMOGRAPHIC INFORMATION

Ethnicity: Hispanic / Not Hispanic

Gender: Male / Female

Current Grade: _____

Residence: Farm
Town (<10k)
Town (10k-50k)
Suburb
City

Race: White Black/African Amer.
Asian American Indian
Hawaiian/Pacific Islander

4-H INFORMATION

Status: New / Return 4-H Age (as of Jan. 1 of the current school year): _____

School: _____

Years in 4-H (including this year): _____

Media Release: I authorize MSU Extension to identify, photograph, or videotape me for local media stories about 4-H activities, MSUE and Macomb County publications and reports.

Circle one: YES NO

Authorization to Release Name: I authorize MSUE to release my name, address, phone number and e-mail address to Macomb County 4-H leaders for 4-H purposes, and to release my name to the Armada Fair Office for registration verification.

Circle one: YES NO

Primary Club: _____

PROJECT INFORMATION

Project: _____ Years in Project: _____ Club: _____

Project: _____ Years in Project: _____ Club: _____

Project: _____ Years in Project: _____ Club: _____

Project: _____ Years in Project: _____ Club: _____

Project: _____ Years in Project: _____ Club: _____

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