



Extension Center for 4-H Youth Development Individual Enrollment Form

Office Use Only

Date Member Entered _____

Club/Unit # _____

Club name _____ County _____

Name of 4-H member _____ Birthday _____

Mailing address _____
City/Town _____ State _____ ZIP code _____

Phone _____ Email address _____

Name of school _____ Grade _____ Years in 4-H _____

List three topics you are interested in:

Are you working toward your U.S. Congressional Award? Yes No

Do you have a parent or guardian in the military? Yes No

If yes, what branch? _____ Active National Guard Reserve

Are you a member of a 4-H military club? Yes No

Please list any health considerations your local MSU Extension office should know about (food allergies, seizures, use of EpiPen, mobility assistance, diagnosed illness or disability, etc.).

The purpose of the following section is only to gather statistics and determine compliance with civil rights laws.

Ethnicity:	Gender:	Residence:
Hispanic or Latino	Male	Farm
Not Hispanic or Latino	Female	Rural area or town of less than 10,000
Race (mark all that apply):	Other/Not Identified _____	Town or city of 10,000–50,000
American Indian or Alaska Native		Suburb of a city more than 50,000
Asian		City of more than 50,000
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
Other/Not Identified _____		

Primary Parent/Guardian:	Other Parent/Guardian:
Name _____	Name _____
Address _____	Address _____
Occupation _____	Occupation _____
Phone _____	Phone _____
Email _____	Email _____
Have you ever been a member of 4-H? Yes No	Have you ever been a member of 4-H? Yes No
Are you interested in assisting with club activities? Yes No	Are you interested in assisting with club activities? Yes No

Applicant: I have read and completed this enrollment form.

_____	_____	_____	_____	_____	_____
4-H'er	Date	Parent/Guardian	Date	4-H Leader	Date

Form 135 (POD-02-24)
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Produced by Agricultural Communications.

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Extension Service of Mississippi State University, cooperating with U.S. Department of Agriculture. Published in furtherance of Acts of Congress, May 8 and June 30, 1914. ANGUS L. CATCHOT JR., Director