



# Member Group Enrollment Form

The group leader/teacher must complete this form and return it to the county MSU Extension office.

Junior Master Gardener® Group Name \_\_\_\_\_

Junior Master Gardener Leader/Teacher \_\_\_\_\_

County \_\_\_\_\_ Date \_\_\_\_\_

### SECTION I. Unit Information: Type of 4-H Unit

Check (✓) only one

- 1. Community
- 2. Project
- 3. School
- 4. Community Partnership
- 5. Clover Kids (K-2)
- 6. Special Interest
- 7. Curriculum Enrichment
- 8. Camping
- 9. ENP-Y

### FOR OFFICE USE ONLY

County Number \_\_\_\_\_

Unit/Club Number \_\_\_\_\_

### SECTION II. Distribution of members by:

*The total number for age, for residence, and for race and gender should all be the same.*

Age	
AGE	NUMBER
under 9	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
TOTAL	

Residence	
RESIDENCE	NUMBER
Rural/Farm	
Town less than 10,000	
City between 10,000 and 50,000	
Suburb of city more than 50,000	
Central city more than 50,000	
TOTAL	

JMG Project Code	
CODE	NUMBER
Male	
Female	

Race and Gender			
	MALE	FEMALE	TOTAL
White – not of Hispanic origin			
Black – not of Hispanic origin			
American Indian or Alaska Native			
Hispanic			
Asian or Pacific Islander			
TOTAL			

**If all participants are of the same race, please answer the following questions:**

Is this unit in a racially mixed community (at least two different racial groups)?  Yes  No

Is this unit integrated?  Yes  No

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Distributed by **Jeff Wilson**, PhD, Regional Extension Specialist, Northeast Region.



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