4-H Member Enrollment

4-H Year: 2026-2027
October 1, 2026-September 30, 2027

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

Place of Residence:

- ☐ Farm
- ☐ Town Under 10,000 or Rural Non-Farm
- ☐ Town, City or Suburbs 10,000 to 50,000
- ☐ City - Central, more than 50,000

Are you of Hispanic, Latino/a/x, or of Spanish origin? ☐ Yes ☐ No

Race (Choose all that apply):

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Prefer to Self-Describe — Self-Describe as: _____
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Prefer Not to State

School Information

School Type:

☐ Public ☐ Private ☐ Charter ☐ Home

School County:	School District:
School Name:	Grade:

Military Service of Family

Military Service:

☐ No one in my family is serving in the military ☐ I have a family member who served in the military

If yes, branch of service:

- ☐ Air Force
- ☐ Army
- ☐ Coast Guard
- ☐ Navy
- ☐ Marine Corps
- ☐ Space Force

Branch component:

☐ Active ☐ Reserves

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Clubs and Projects

Club Name:

Club Name:

Add a Project:

Club:	Project:	Project Material Needed?	Years In
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

T-shirt Size

T-shirt Size (check one)

Youth: ☐ S ☐ M ☐ L ☐ XL

Adult: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

Signatures

Member Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

4-H Leader Signature: _____ **Date:** _____