



4-H Member Enrollment Form
Oregon State University Extension Service
2009-2010 4-H Year



Last Name* _____ First Name* _____ Middle Initial _____ Preferred Name _____

Date of Birth* _____ E-mail _____

Home Phone _____ Mobile Phone _____ Other _____

Address* _____ City _____ State _____ Zip _____

School _____ Grade* _____ Township _____

Military Family ___yes ___no Newsletter sent by: _____ e-mail or _____ Regular Mail

Prefer not to be contacted by National 4-H Council _____ Years in 4-H (including this one) _____

Club Name if Known _____

Accommodations*: OSU and the 4-H Youth Development Program do not discriminate against otherwise qualified participants with disabilities on the basis of disability. Are there any accommodations that you are requesting for yourself or your child in order to participate in the 4-H Youth Development Program?

Yes _____ No _____ If yes, please describe: _____

Demographic Information*		
ETHNICITY	RESIDENCE	RACIAL GROUP
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Farm	<input type="checkbox"/> White
<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Small Town (under 10,000)	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Large Town (10-50,000)	<input type="checkbox"/> American Indian/Alaska Native
GENDER	<input type="checkbox"/> Suburbs (over 50,000)	<input type="checkbox"/> Asian
<input type="checkbox"/> Male	<input type="checkbox"/> City (over 50,000)	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Female		<input type="checkbox"/> More than one race

*Required Field

Parent and/or Guardian Info:

Last Name* _____ First name* _____

Address if different from child's _____

Cell Phone _____ Work Phone _____ Other _____

4-H Leader's Signature _____

(TURN OVER TO CHECK PROJECT ON BACK)

Office Use Only

Part. Fee \$15 _____ \$30 (family) _____ Insurance \$1 or \$2 (horse) _____
After Jan. 31 \$20 _____ \$40 (family) _____

