



Annual 4-H Club Registration

Oregon State University Extension Service

Club Name _____

Club Number (if assigned) _____

Community / School _____

Club Contact (This person should also be registered as an adult volunteer)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

| | |
|-----------------------------|-----------------------------|
| Member Forms Attached _____ | Leader Forms Attached _____ |
| Total Fees _____ | |
| Fees Paid _____ | |
| Fees Due _____ | |

This club does not discriminate, restrict or deny any person membership or participation in its programs or activities because of race, sexual orientation, color, national origin, religious belief or handicap.

Signature of Leader _____ *Date*

| | |
|--------------------------|---------------|
| Office Use Only | |
| Received _____ | Entered _____ |
| Delivery Mode Code _____ | |
| Integration Code _____ | |