

# OREGON 4-H ENROLLMENT FORM –MEMBER

2011-12 4-H Year

Enrollment is not complete until code of conduct and health forms are turned in and all fees paid.

|                       |                    |                          |
|-----------------------|--------------------|--------------------------|
| Last Name _____       | First Name _____   | M.I. _____               |
| Preferred Name: _____ | Birth Date _____   |                          |
| Email _____           | Parent Email _____ |                          |
| Primary Phone _____   | Mobile Phone _____ | Other Phone _____        |
| Address _____         | City _____         |                          |
| State _____           | Zip _____          | Township/Community _____ |

Is Disabled? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

School Enrolled in: \_\_\_\_\_

Military Family? Yes \_\_\_ No \_\_\_ if so what branch \_\_\_\_\_

Would you like your county newsletter emailed to you? Yes \_\_\_ No \_\_\_

I am willing to receive correspondence from National 4-H Council. Yes \_\_\_ No \_\_\_

Years in 4-H (counting this year) \_\_\_\_\_ Have you been in 4-H in Oregon before? Yes \_\_\_ No \_\_\_

|   |                                    |  |
|---|------------------------------------|--|
| <b>Ethnicity:</b> Not Hispanic ___ Hispanic ___ | <b>Gender:</b> Female ___ Male ___ | <b>Grade:</b> _____ (if member)                  |
| <b>Residence:</b>                               |                                    |  |
| Farm ___ Sm Town (Under 10,000) ___             | Lg Town (10-50,000) ___            | Suburbs (over 50,000) ___ City (over 50,000) ___ |
| <b>Race (check all that apply):</b>             |                                    |  |
| White ___                                       | Black ___                          | Am. Indian/Alaska Native ___ Asian ___           |
| Hawaiian & Pacific Islander ___                 |                                    |  |

Parents and/or Guardian name \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

Parents and/or Guardian name \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

