



| | | | | |
|--|--|--|---------------------|---|
| Name | | County | Family Email | Correspondence Preferred |
| Email | | | Prefix | |
| First Name | | | Last Name | |
| Suffix | | | Preferred Name | |
| Job Title | | | Organization Title | |
| Mailing Address | | | Mailing Address 2 | |
| City | | | State | |
| Zip Code | | | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Primary Phone | | | Cell Phone | |
| I wish to receive notices via text message | | <input type="checkbox"/> No <input type="checkbox"/> Yes | Cell Phone Provider | |
| Work Phone | | | Work Extension | |
| Fax | | | Years in 4-H | |

Employee

Are you an employee? No Yes

Volunteer

Select "Yes" if you serve in a leadership capacity in 4-H. Yes Examples for adult: Community Club Leader, Project Leader, etc.

Ethnicity

Race (check all that apply) Are you of Hispanic ethnicity? No Yes (Please indicate both an ethnicity and race)

White Native Hawaiian or Pacific Islander

Black Asian

American Indian or Alaskan Native Prefer Not to State

Residence

Residence Farm (rural area where agricultural products are sold) Suburb of city more than 50,000

Town under 10,000 and rural non-farm Central city more than 50,000

Town / City 10,000 - 50,000 and its suburbs

Military Service of Family

Military Service No one in my family is serving in the military I have a parent serving in the military

I have a sibling serving in the military I have a son/daughter serving in the military

Myself, and/or my spouse, is currently serving in the military

Branch Air Force Army Coast Guard DOD Civilian Marines Navy

Component Active Duty National Guard Reserves



If you are an individual with a disability and need an auxiliary aid or service please enter your required accommodations on Form 300.A-3 and notify your County Extension Office.



Add a Club

Club Name

Club Name

Add a Project

| Club | Project | Project Materials Needed? | Years In |
|------|---------|--|----------|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Adult Signature

Date

For Office Use Only

Received Form 300.A-4 Adult Yes No Date Received

Comments:



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