



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="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

 Adult Signature

 Date

For Office Use Only

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

 Comments:


If you are an individual with a disability and need an auxiliary aid or service please enter your required accommodations on Form 300.A-4 and notify your County Extension Office.