

Member Information								
Legal First Name		Middle Name		Legal Last Name				
Preferred Name			Date of Birth					
Number of Years In 4-H	Gender Identit	^{ty} Female		Male	Prefer Not to Say			
Contact Information								
Mailing Address (Line 1)								
Mailing Address (Line 2)								
City	State		Zip Code		Primary Phone			
Member Email (If different than fa	mily email)							
Parent/Guardian								
First Name (Parent/Guardian 1)		Last Name (Pa	Last Name (Parent/Guardian 1)					
Phone Number (Parent/Guardian		Work Number	Work Number (Parent/Guardian 1)					
To receive Text Messages, enter co	ell phone numb	er:	L					
Email (Parent/Guardian 1)								
First Name (Parent/Guardian 2)			Last Name (Pa	arent/Guardian 2)				
Phone Number (Parent/Guardian 2)			Work Number (Parent/Guardian 2)					
Email (Parent/Guardian 2)								
Mailing Address (Line 1)								
Mailing Address (Line 2)								
City		State			Zip Code			
Second Household								
Would you like to provide information for a second household?								
Yes (if yes, complete Seco Household section below					No (If no, skip to the Emergency Contact Information)			
First Name (Parent/Guardian 1)			Last Name (Parent/Guardian 1)					
Phone Number (Parent/Guardian 1)			Work Number (Parent/Guardian 1)					
Email (Parent/Guardian 1)			<u>I</u>					

Second Household (Continue	ed)							
First Name (Parent/Guardian 2)	Last Name (Parent/Guardian 2)							
Phone Number (Parent/Guardian 2)	Work Number (Parent/Guardian 2)							
Email (Parent/Guardian 2)								
Mailing Address (Line 1)								
Mailing Address (Line 2)								
City	State		Zip C	code				
Emorgonov Contact Informa	tion (Not	listod abo						
Emergency Contact Informat			JVEJ					
Emergency Contact Phone Number								
Emergency Contact Relationship								
Emergency Contact Email	Emergency Contact Email							
Demographics								
Place of Residence:								
Farm			Town, City or Subi	urbs 10,000 to 50,000				
Town Under 10,000 or Rura	I Non-Farm		City - Central, more					
Are you of Hispanic, Latino/a/x, or c	Are you of Hispanic, Latino/a/x, or of Spanish origin?				No			
Race (Choose all that apply):								
American Indian or Alaskan		Native Hawaiian or other Pacific Islander						
Asian	Asian				White			
Black or African American			Prefer Not to State					
Prefer to Self-Describe	Self	-Describe as:			<u> </u>			
School Information								
School Type:								
Public	Private		Charter	Home				
School County:		School Dist	trict:					
School Name:		Grade:						
Military Service of Family								
Military Service:								
No one in my family is serving in the military			I have a family me	mber who served in the	e military			
If yes, branch of service:								
Air Force	Navy							
Army	Marine Corps							
Coast Guard	Space Force							
Branch component:								
Active	Reserves							



Clubs and Projects

Club Name:

Club Name:

Add a Project:									
Club:	Pro	Project:						Project Material	
							Need	ed?	Years In
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
							Yes	No	
T-shirt Size									
T-shirt Size (cl	heck one)							
Youth:	S	M	L	XL					
Adult:	S	М	L	XL	XXL	XXXL			
Signatures									
Member Signatur	e:						Date:		
Parent/Guardian Signature:					_ .				
4-H Leader Signature:					Date:				