



CLOVERBUD ENROLLMENT

Rio Arriba County

R9/18

FOR OFFICE USE ONLY		Complete <input type="checkbox"/>	Notes
Received: _____	Entered: _____	# of Projects	

TODAY'S DATE _____ Re-Enrollment DUE 1 st Monday in January New Enrollment DUE 1 st Monday in March		Club Organizational Leader		4-H Club Name	
First Name	Middle Initial	Last Name		<p>This is my _____ year in 4-H.</p> <p>Project Information (Check one)</p> <p><input type="checkbox"/> First Year Member</p> <p><input type="checkbox"/> Re-enroll-If ever enrolled in NM4-H</p> <p><input type="checkbox"/> Corrections</p> <p>(Adding or dropping a project)</p> <p>Project Distribution</p> <p><input type="checkbox"/> I will Provide a Flash drive</p> <p><input type="checkbox"/> I will use my club's Flash drive</p> <p>(Selecting this option - one flash drive will be utilized for all club member's projects)</p> <p>4-H Updates</p> <p>I would like to receive updates via text messaging <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cell #: _____ Provider: _____</p>	
Mailing Address	City	State	Zip Code		
E-Mail Address (This address will be used for all 4-H correspondence)					
Birthday (Month/Day/Year)					
Age on January 1st? _____		I Live Where? (Select one)			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Farm or Ranch <input type="checkbox"/> Town <input type="checkbox"/> Rural			
I am in the _____ grade.	Name of School	City	Zip Code		

Ethnicity: Are you Hispanic Yes No

Race (Check all that apply)

White

Black or African American

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Prefer Not to State

Parent/Guardian Contact Information

Name of Parent/Guardian 1 (or adult with whom you live)

Primary Phone _____ Secondary Phone _____

Cell Home Cell Home

Name of Parent/Guardian 2 (or adult with whom you live)

Primary Phone _____ Secondary Phone _____

Cell Home Cell Home

Military:

No one in my family is serving in the military

I have parent serving in the military

I have a brother/sister serving in the military

Branch/Component:

Air Force Coast Guard Navy

Army Marines National Guard

Active Duty Reserves

Project Number & Title	Project Material Needed	Years in Project 1 st yr
	<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	

Verification (Signatures Required):

Club Leader: _____

Member: _____ Parent: _____



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.