



4-H Member Enrollment

4-H Year: 2024-2025
October 1, 2024-September 30, 2025

Member Information

Legal First Name	Middle Name	Legal Last Name
Preferred Name	Date of Birth	
Number of Years In 4-H	Gender Identity	Prefer Not to Say
	Female	Male

Contact Information

Mailing Address (Line 1)			
Mailing Address (Line 2)			
City	State	Zip Code	Primary Phone
Member Email (If different than family email)			

Parent/Guardian

First Name (Parent/Guardian 1)		Last Name (Parent/Guardian 1)	
Phone Number (Parent/Guardian 1)		Work Number (Parent/Guardian 1)	
To receive Text Messages, enter cell phone number:			
Email (Parent/Guardian 1)			
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 Code	

Second Household

Would you like to provide information for a second household?	
Yes (if yes, complete Second 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)	

Second Household (Continued)

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 Code	

Emergency Contact Information (Not listed above)

Emergency Contact Name
Emergency Contact Phone Number
Emergency Contact Relationship
Emergency Contact Email

Demographics

Place of Residence:		
Farm	Town, City or Suburbs 10,000 to 50,000	
Town Under 10,000 or Rural Non-Farm	City - Central, more than 50,000	
Are you of Hispanic, Latino/a/x, or of Spanish origin?	Yes	No
Race (Choose all that apply):		
American Indian or Alaskan Native	Native Hawaiian or other Pacific Islander	
Asian	White	
Black or African American	Prefer Not to State	
Prefer to Self-Describe	Self-Describe as: _____	

School Information

School Type:			
Public	Private	Charter	Home
School County:		School District:	
School Name:		Grade:	

Military Service of Family

Military Service:	
No one in my family is serving in the military	I have a family member who served in the military
If yes, branch of service:	
Air Force	Navy
Army	Marine Corps
Coast Guard	Space Force
Branch component:	
Active	Reserves

