

## Oregon 4-H Member Enrollment Form

County \_\_\_\_\_  
 4-H Club (s) \_\_\_\_\_

- |                     |                          |
|---------------------|--------------------------|
| New Enrollment..... | <input type="checkbox"/> |
| Re-enrollment.....  | <input type="checkbox"/> |
| Youth Leader .....  | <input type="checkbox"/> |

**Family Information:**

Family Last Name \_\_\_\_\_ Family E-mail \_\_\_\_\_

Family Primary Phone \_\_\_\_\_

Family Mailing Address \_\_\_\_\_

Correspondence Preference  mail  email

Street/Mailing Address City Zip

**Member Information:**

Legal Name (please print) \_\_\_\_\_  
First Middle Last

Birth Date \_\_\_\_\_ Gender:  Male  Female

Receive Newsletter's via E-mail? Cell Phone \_\_\_\_\_

Is it okay to text this number? List Cell Phone Carrier \_\_\_\_\_ Year in 4-H \_\_\_\_\_

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_  
First Last First Last

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Legal Guardian  Send Mailing E-mail \_\_\_\_\_  
 Legal Guardian  Send Mailing

Ethnicity (check one)  Hispanic  Not Hispanic  
 Race (check all that apply)  White  Black  Alaskan/Am Indian  Hawaiian/Pac. Island  Asian  
 Balance/Other  Prefer Not to State

Residence (check one)  Farm  Rural/10,000  Town/10 - 50,000  Suburb/50,000  City/50,000

Family Member in Military? Y N What Branch? \_\_\_\_\_ Reserve or Guard? \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Project Name	Year in Project	Is project manual needed?	For Office Use Only
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>