



Wisconsin 4-H Member Enrollment Form

Please Print Information



County _____ 4-H Club _____
 Last Name _____ First Name _____ MI _____
 Street / Mailing Address _____
 City _____ State _____ Zip _____
 Home Phone (____) _____ Primary Cell Phone (____) _____
 Date of Birth ____/____/____ Gender: Male Female

Ethnicity (Check one): Hispanic or Latino **OR** Not Hispanic or Latino
Race (Check all that apply): White Black or African American
American Indian or Alaskan Native Asian
Native Hawaiian or Other Pacific Islander More than one Race Undetermined
Residence: Farm Rural Non-Farm or Town less than 10,000 Town/City 10,000-50,000
Suburb of City over 50,000 City over 50,000

Grade _____ School Name _____ Year in 4-H (Incl. this yr.) _____
 Primary E-mail Address _____
 I Will Accept E-mail Communication: Yes No
 Military Family: Yes No If Yes, Which Branch? _____

Parent/Guardian(s) Residing at the Same Address as the Member

Parent/Guardian Name(s) _____
 Work Phone (____) _____ Cell Phone (____) _____
 Parent/Guardian's E-mail _____

Parent/Guardian(s) Residing at a Different Address From the Member

Parent/Guardian Name(s) _____
 Street / Mailing Address _____
 City _____ State _____ Zip _____
 Home Phone (____) _____ Work Phone (____) _____
 Cell Phone (____) _____
 Parent/Guardian's E-mail _____

Please Attach Additional Parent/Guardian Name(s) and Contact Information to this Form

- Yes No I want the University of Wisconsin-Extension to keep my name and contact information private when creating a public record or list.
- Yes No I grant the University of Wisconsin Board of Regents and University of Wisconsin-Extension (hereinafter University) the right to publish, and copyright my image (including audio, moving Image or photography) for educational programs, websites, and promotion of University programs.
- Yes No I require an accommodation for a disability to participate in this program.



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Please Print Information



Name: _____ (check one) Re-Enroll Drop

Please check all information on the first two pages and make sure the information is correct. If you do not change the information, it will be in our database exactly as printed. With regard to your email address(es), please do not provide us with an email address where you do not want to receive emails. Even if you do not want the newsletter sent by email, please provide us with an email address(es) if you wish to receive project or event information by email.

Please remember to keep us updated with any change in your e-mail address(es).

YOUTH LEADER EXPLANATION

All potential youth leaders please note: Almost all projects now have a designated project code for youth leaders. If you want to be in a project **and** be a youth leader in that project, you will choose two different codes. (For example, you may want to enroll in Beef 3, so choose Project Code 20103, Beef 3. You may also want to be a Youth Leader in the Beef project, so choose Project Code 20109, Beef Yth Ldr.) If you have any questions, please call Joyce at the Extension Office at 608-742-9680.

FAMILY DAY OF LEARNING PRESENTATION

Would you be willing to offer a session at Family Day of Learning in March 2010?

YES NO *If yes, which project(s)?* _____

**PLEASE NOTE:
RETURN ENROLLMENT FORM TO YOUR 4-H CLUB'S GENERAL LEADER.
DO NOT RETURN DIRECTLY TO THE EXTENSION OFFICE!**

Please note: All member forms are due by 12/31/09 to show in the 2010 Columbia County Fair. There will absolutely be no exceptions.