



# Wisconsin 4-H Member Enrollment Form

Please Print Information



County \_\_\_\_\_ 4-H Club \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Birthdate \_\_\_\_\_ Gender:  Male  Female

Grade \_\_\_\_\_ School Name \_\_\_\_\_ Year in 4-H (Incl. this yr.) \_\_\_\_\_

E-mail address where you'd like to receive communication \_\_\_\_\_

If available, I'd prefer electronic communication:  Yes  No

**Residence:**  Farm  Rural non-farm or Town less than 10,000  
 Town/City 10,000 to 50,000  Suburb of City over 50,000  City over 50,000

**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

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

Parent/Guardian Name(s) \_\_\_\_\_

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

Parent's E-mail \_\_\_\_\_

Please attach additional parent/guardian name(s) and contact information to this form

**Project Enrollment - For more projects, please attach an additional page.**

<u>Project Code</u>	<u>Project Name</u>	<u>(Year in Project)</u>	<u>Need Literature</u>
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No
_____	_____	_____	Yes or No

- 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 want the University of Wisconsin-Extension to keep my name and contact information private when creating a public record or list.
- Yes  No I require an accommodation for a disability to participate in this program.

Member Signature \_\_\_\_\_ Leader Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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