



Alaska 4-H Leader Enrollment Form



Club _____ Years in 4-H _____

Last Name _____ First Name _____ Birthdate _____

Mailing Address _____

City _____ Zip _____ Home Phone _____

E-mail _____ Work Phone _____

Newsletter will be sent to this e-mail address

Are you a member of the military? If so, which branch? _____

Is your spouse a member of the military? If so, which branch? _____

Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Is. <input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Undetermined	Place of residence <input type="checkbox"/> Farm <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Town or city (10,000–50,000) and its suburbs <input type="checkbox"/> Suburb of city over 50,000 <input type="checkbox"/> Central city over 50,000	Projects (use codes on back) _____ _____ _____ _____ _____ _____ _____ _____ _____
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Leader's Printed Name _____ Leader's Signature _____ Date _____

For office use			
Date Rec'd _____	Tender _____	Amount _____	Member Card _____



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