



# Alaska 4-H Member Enrollment Form



Club \_\_\_\_\_ Years in 4-H \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Member e-mail \_\_\_\_\_ Work Phone \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

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

Parent/Guardian e-mail \_\_\_\_\_ Work Phone \_\_\_\_\_

*Newsletter will be sent to this e-mail address*

Is your parent or guardian a member of the military? If so, which branch? \_\_\_\_\_

<b>Ethnicity</b>	<b>Place of residence</b>
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Farm
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Town under 10,000 and rural non-farm
<b>Race</b>	<input type="checkbox"/> Town or city (10,000–50,000) and its suburbs
<input type="checkbox"/> Alaska Native/American Indian	<input type="checkbox"/> Suburb of city over 50,000
<input type="checkbox"/> Asian	<input type="checkbox"/> Central city over 50,000
<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	

**Projects (use codes on back)**

_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____

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Member's Printed Name \_\_\_\_\_ Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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

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