

LEADER ENROLLMENT

Club: _____

FOR OFFICE USE ONLY		
County Code: _____	Club Code: _____	Member Code: _____

Circle One: G - Organizational Leader P - Project Leader A - Activity Leader

Circle One: N - New Enrollment R - Re-enrollment Drop from Club

Last Name: _____ First Name: _____ M.I. _____

Address: _____ Town: _____ St: _____ Zip: _____

Sex: _____ Years as 4-H Leader: _____ e-mail address: _____

Ethnic (Circle One): White Black Am.Indian/Alaskan Hispanic Asian

Residence (Circle One): Farm Rural Under 10,000

Project Name	Project Code	Yr. in Project
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Phone (____)____-____ Work Phone: (____)____-____

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I want the Ext. Office to be aware of the following disability: _____

_____ I do not want University Extension to reveal my name, address, or telephone number as part of a public record or list.

Signature: _____ Date: _____

Organizational Leader Signature: _____ Date: _____