



NYS 4-H Member Enrollment Form

County _____

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

Last Name:* _____ First Name:* _____ MI: _____
 Preferred Name: _____ Birth Date :*(youth only) _____
 Email: _____
 Home Phone: () _____ Mobile Phone: () _____ Other Phone: () _____
 Address Line 1: _____
 Address Line 2: _____
 City: _____ State:* _____ Zip: _____
 County: (of residence):* _____ Township: _____

Is enrollee disabled? Y N Disability: _____
 School (youth only): _____
 Is enrollee from a military family? Y N If yes, circle one: Active/Reserve/Guard? Branch: _____

Receive 4-H Newsletter by: (circle one) MAIL E-MAIL ONLY

Status (circle one): New Returning/ Re-Enrollment Inactive Terminated Alumni
 Enrollment Category (circle one): Member or Clover bud/mini member

Date Enrolled: _____ 4-H age: _____ Years in 4-H: _____
 Enrollment Fee paid (if applicable)? Y N Cash/Check Check #: _____
 Is this individual a Youth Volunteer? Y N
 Is youth member a Club Officer? Y N Club Officer Position: _____

Forms Submitted:
 ___ Medical Release ___ Waiver of Liability ___ Code of Conduct/Behavior Form

Photo Release: Yes/No (Please circle one) Cornell Cooperative Extension is granted permission to use and/or publish my or my child's photograph or image (including audio, film, digital image or any other media) for educational programs, websites or promotion of Extension programs.

ES237 Demographics

Gender: M F Grade: _____/Not in School

Residence (circle one): Farm Rural/Town<10K Town 10-50K Suburb>50K City 50K+

Ethnicity: () Hispanic () Not Hispanic

Race: () White () Black () Native American /Alaska Native () Asian () Pacific/Hawaiian
 (check all that apply)

Educational Focus

Club(s): _____
 Project Area(s): _____
 Activities: _____
 Certifications: _____

Parent / Guardian Signature _____ Date: _____

(Over)

NYS 4-H Enrollment - Parent Information

County _____

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Member Last Name: _____ Member first name: _____ M.I. _____

FOR OFFICE USE ONLY
Family ID _____

Parent Last Name:* _____ First Name:* _____ MI: _____

Parent Type (circle one) Primary Parent Additional Parent Other

Parent ID: _____

Preferred Name _____
Address Line 1: _____
Address Line 2: _____
City: _____
State:* _____
County: (of residence):* _____
Zip: _____

Home Phone: () _____ Mobile Phone: () _____ Other Phone: () _____

Occupation: _____ Work Phone: () _____
Serving In Military? Y N If so, what branch? _____ Current status? _____

Legal Guardian: Yes / No

Send E-mail Newsletter / Mailings? Yes / No Email Address: _____

FOR OFFICE USE ONLY
Family Id _____

Parent Last Name:* _____ First Name:* _____ MI: _____

Parent Type (circle one) Primary Parent Additional Parent Other

Parent ID: _____

Preferred Name _____
Address Line 1: _____
Address Line 2: _____
City: _____
State:* _____
County: (of residence):* _____
Zip: _____

Home Phone: () _____ Mobile Phone: () _____ Other Phone: () _____

Occupation: _____ Work Phone: () _____
Serving In Military? Y N If so, what branch? _____ Current status? _____

Legal Guardian: Yes / No

Send E-mail Newsletter / Mailings? Yes / No Email Address: _____