



NYS 4-H Member Enrollment Form

County

Page 1

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:

Email Newsletter? Y N

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 ()American Native/Alaska Native ()Asian ()Native Hawaiian ()White and Black
() White and Am. Native/AK Native () Black and Am. Native/AK Native () White and Asian

Educational Focus

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

Parent / Guardian Signature Date:

(Over)

NYS 4-H Enrollment - Parent Information

County _____

Page 2

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: _____