

# Independent Form

Please mail to: 4-H Program  
401 North Main Street  
Warsaw, NY 14569

**FOR OFFICE USE ONLY**

**Member Code:** \_\_\_\_\_

**Category (Circle One):** M - Member      C - Cloverbud/Mini 4-H      G - Organization Leader  
A - Activity Leader      R - Resource Leader      S - Special      P - Project Leader

**Enrollment Type (Circle One):** N - New Enrollment      R - Re-Enrollment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Year in 4-H: \_\_\_\_\_

Youth Leader: \_\_\_\_\_ Gender: M F Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Grade in School: \_\_\_\_\_

Other 4-H Memberships: \_\_\_\_\_ Phone #: \_\_\_\_\_

**County of Residence:** Wyoming Other: \_\_\_\_\_ **Enrollment Fee Paid: \$** \_\_\_\_\_

*(\$5.00 fee for Wyoming County residents OR \$10.00 fee for out-of-county residents)*

**Ethnic (circle one):** Caucasian African Am. Am. Indian Hispanic Asian Am. Mixed  
**Residence (circle one):** Farm Rural (*Under 10,000*) Town (*10,000 - 50,000*) Suburb (*Over 50,000*) City (*Over 50,000*)

**Please enroll me in the following projects:** *(It is usually advisable not to enroll in more than five projects).*

- |   |   |
|---|---|
| <input type="checkbox"/> Dairy                      | <input type="checkbox"/> Woodworking/Electric/Handyman              |
| <input type="checkbox"/> Horse                      | <input type="checkbox"/> Photography                                |
| <input type="checkbox"/> Sheep                      | <input type="checkbox"/> Natural Resources                          |
| <input type="checkbox"/> Goats                      | <input type="checkbox"/> Pheasant Rearing                           |
| <input type="checkbox"/> Swine                      | <input type="checkbox"/> Clothing & Textiles                        |
| <input type="checkbox"/> Beef/Holstein Steer        | <input type="checkbox"/> Foods & Nutrition                          |
| <input type="checkbox"/> Poultry                    | <input type="checkbox"/> Home Improvement/Crafts/Fabric Furnishings |
| <input type="checkbox"/> Rabbit/Cavy                | <input type="checkbox"/> Public Presentations                       |
| <input type="checkbox"/> Dog Obedience              | <input type="checkbox"/> Small Engines/Tractor                      |
| <input type="checkbox"/> Community Service          | Other: _____  |
| <input type="checkbox"/> Garden (Vegetable/Flowers) | _____   |

**Cornell Cooperative Extension is granted permission to use and/or publish my child's photograph or image (including audio, film, digital image or any other media) for educational programs, websites or promotion of Extension programs.**

I want the Extension 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.

Member Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_