

SKAGIT COUNTY 4-H NEW MEMBER ENROLLMENT FORM

Club you are enrolling in:		Today's Date (mm/dd/yy)		
Have you ever been enrolled in 4-H before? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many years were you in 4-H?	Were you enrolled in Skagit County? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name		First Name		Middle initial
Mailing Address		Zip	City	State
School		Birth date (mm/dd/yyyy)		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Grade		Member E-mail (if any)		
Residence (check one)				
<input type="checkbox"/> Farm		<input type="checkbox"/> Suburb of more than 50,000		
<input type="checkbox"/> Rural less than 10,000		<input type="checkbox"/> City of more than 50,000		
<input type="checkbox"/> Town of 10,000 to 50,000				
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accommodation Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race (check all that apply)				
<input type="checkbox"/> White		<input type="checkbox"/> Black	<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian
<input type="checkbox"/> Asian/Pacific Islander				
Parent/Guardian Name(s)				
Phone (home)		Other Phone (e.g. Parent work/cell)		Parent/Guardian e-mail
Projects you are enrolling in:				
Project code		Project name		

Media Release

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Member Signature _____ Leader Signature _____

Parent Guardian Signature _____ Date _____