2017-2018 MICHIGAN 4-H Member Enrollment Form
County of 4-H Participation CLINTON

*Required information

PRIMAR Y 4-H CLUB: ________________________________________________________________

PERSONAL INFORMATION

*First Name ___________________________________________ MI ___ *Last Name ____________________________
Alternate Name (nickname): ____________________________ New Member? ❑ Yes ❑ No
*Birth Date (MM/DD/YYYY) ______/_____/_______
*Primary Phone (_______) _______-__________ Mobile (_______) _______-__________
*Primary Email ______________________________________

Email addresses are extremely important. Most information is shared through emails and are only used for 4-H purposes, not shared.

School __________________________ City located ______________________________

Does this participate have health considerations or special needs: ❑ Yes ❑ No
If yes, please describe: _______________________________________________________________________________

*Military Family ❑ Yes ❑ No
Military families are those that have an immediate family member (parent/guardian, step-parent, sibling) regardless of branch:
Status: ❑ Active ❑ Reserve ❑ Retired Branch: ______________________________

ADDRESS INFORMATION

*Street ___________________________________________________________

*City __________________________ *State MI *Zip ______________________

Township ____________________________________________________________

DEMOGRAPHIC INFORMATION

*Gender: ❑ Female ❑ Male

*Residence (Select One):
(All Clinton County towns are < 10,000 but Lansing)
❑ Farm ❑ Rural or Town < 10,000
❑ Town 10,000-50,000
❑ Suburb > 50,000 ❑ City > 50,000

Ethnicity (Optional, Select One):
❑ Not Hispanic ❑ Hispanic

Race (Optional, Select all that apply):
❑ Asian ❑ White ❑ Black
❑ American Indian ❑ Hawaiian & Pacific Islander

(Participation Fee: ❑ Paid ❑ Cash / ❑ Check #__________
❑ Participation Fee Scholarship Requested ❑ Scholarship approved)
PARENT INFORMATION

*Parent or Guardian #1

*First Name ___________________________ MI _____ *Last Name ________________________________

*Street ____________________________________________

*City ____________________________________________ *State: _______ *Zip Code ________________

*Parent Email: __________________________________________

*Primary Phone (______) _______ - ___________ Mobile Phone (______) _______ - ___________

Parent Work Phone (______) _______ - ___________ Permissible to call parent at work? □ Yes □ No

*Parent or Guardian #2

*First Name ___________________________ MI _____ *Last Name ________________________________

*Street ____________________________________________

*City ____________________________________________ *State: _______ *Zip Code ________________

*Parent Email: __________________________________________

*Primary Phone (______) _______ - ___________ Mobile Phone (______) _______ - ___________

Parent Work Phone (______) _______ - ___________ Permissible to call parent at work? □ Yes □ No

Siblings enrolled in 4-H: ________________________________________________________________

PROGRAM INFORMATION

* Grade for Program Year ______________ *Primary 4-H Club __________________________________________

Other 4-H clubs participating with this year: ________________________________________________

*Project Areas (see project list & be specific) – if not primary club project, indicate what club involved with

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<th>Project</th>
<th>Club Name</th>
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Signatures

*Member: _______________________________________________ Date: __________________________

*Parent/Guardian _________________________________________ Date: _________________________

*Organizational Leader __________________________________ Date: _________________________

★ To be accepted, the Code of Conduct/Media Medical Release page must accompany this enrollment form and the participation fee must be paid or a participation fee scholarship application.

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