2018-2019 MEMBER ENROLLMENT SWEET GRASS COUNTY 4-H

CLUB:	New Member	Returning	Member	Cloverbud
Last Name:	First Name:		Middle Initial	
Mailing Address: City:			State:	Zip:
School Attending:	•		Age:	
Year in 4-H:			Gender:	
Home Phone:	Cell Phone			
Email Address:				
Ethnicity (circle one): Caucasian	African American Am. India	an Hispanic	Alaskan A	sian
Residency (circle one): Farm	Rural under 10,000 City ov	ver 50,000		
Do you have a parent or sibling serving	ng in the military? Yes	No If ye	es, what branch	າ?
<u>Project</u>	Need Bo	oks?	Year in Pro	ject
	Y	'es No		
	Y	'es No		
	Y	'es No		
	Y	es No		
	Y	'es No		
		′es No		
		′es No		
		es No		
		es No		
	Y	es No		
<u></u>	Y	es No		
	Y	'es No		
	Y	es No		
	<u> </u>	'es No		
				See Back Sid
Member Signature	Leader S	ignature		
Parent/Guardian Signature	e Date			

2018-2019 MEMBER ENROLLMENT SWEET GRASS COUNTY 4-H

Member Name:					
Do you require an accommodation for a disability to participate in	this program? Yes No				
Parent/Guardian Information					
Name:					
Address:					
City, State, Zip:					
Home Phone:					
Work Phone:					
Cell Phone:					
Occupation:					
Email:					
Name:					
Address:					
City, State, Zip:					
Home Phone:					
Work Phone:					
Cell Phone:					
Occupation:					
Email:					
Name:					
Address:					
City, State, Zip:					
Home Phone:					
Work Phone:					
Cell Phone:					
Occupation:					
Email:					

Leader Dues: \$5.00 Member Dues: \$10.00 Cloverbud Dues: \$5.00