



2010-2011 MONTANA 4-H MEMBERSHIP AND ENROLLMENT CARD



Please return Enrollment Card to Organizational Leader before December 1st, 2010

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Re-enrollment
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DATE _____ CLUB _____ FOUNDATION FEE \$2.00 _____

LAST NAME _____ FIRST NAME _____ M.I. _____

MAILING ADDRESS _____ CITY _____ ZIP _____

PHONE (____) _____ CELL: (____) _____ E-MAIL: _____

SEX ____ BIRTHDAY ____/____/____ THIS IS MY ____ YEAR IN 4-H (as of Oct. 1, 2010)

SCHOOL _____ GRADE _____

RESIDENCE: <input type="checkbox"/> Farm <input type="checkbox"/> Rural/under 10,000

RACE/ETHNIC (Check all that apply):	
<input type="checkbox"/> White (only) <input type="checkbox"/> Black/African Am. (only) <input type="checkbox"/> Amer.Indian/Alaska Native (only) <input type="checkbox"/> Asian (only) <input type="checkbox"/> Native Hawaiian/Pac.Islander (only)	<input type="checkbox"/> White & Black <input type="checkbox"/> White & Amer.Indian or Alaska Native <input type="checkbox"/> Black & Amer.Indian or Alaska Native <input type="checkbox"/> White & Asian <input type="checkbox"/> Balance (other combination)

I would like the Extension Office to be aware of the following disabilities:

PARENT/GUARDIAN INFORMATION

PARENT 1 (legal guardian __Y__N)	PARENT 2 (legal guardian __Y__N)
NAME: _____	NAME: _____
MAILING ADDRESS _____	MAILING ADDRESS _____
HOME PHONE _____	HOME PHONE _____
WORK _____ CELL _____	WORK _____ CELL _____
EMAIL _____	EMAIL _____

MEMBER _____ PARENT/GUARDIAN _____

ORGANIZATIONAL LEADER _____

(WILL NOT BE OFFICIALLY ENROLLED WITHOUT ORGANIZATIONAL LEADER SIGNATURE)

