



Member Information:

FOR OFFICE USE ONLY: Country Code: _____ Club Code: _____ Member Code: _____

Last Name	First Name
Preferred Name	Date of Birth (Youth Only)
Email	Primary Phone ()
Cell Phone	Work Phone
Mailing Address	Mailing Address 2
City	County (of residence)
State	Zip
Township	M.I.
Receive Email Newsletters <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

"I consent to receiving texts from CCE" My Cell Carrier is: _____ My cell phone number is: _____

Parent/Guardian 1 Information:

FOR OFFICE USE ONLY: Family ID: _____

Last Name	First Name
M.I.	Preferred Name
Mobile Phone	Work Phone
Mailing Address 1	Mailing Address 2
City	County (of residence)
State	Zip
Occupation	Email
Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Email Newsletters <input type="checkbox"/> Yes <input type="checkbox"/> No

"I consent to receiving texts from CCE" My Cell Carrier is: _____ My cell phone number is: _____

Parent/Guardian 2 Information:

FOR OFFICE USE ONLY: Family ID: _____

Last Name	First Name
M.I.	Preferred Name
Mobile Phone	Work Phone
Mailing Address 1	Mailing Address 2
City	County (of residence)
State	Zip
Occupation	Email
Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Email Newsletters <input type="checkbox"/> Yes <input type="checkbox"/> No

"I consent to receiving texts from CCE" My Cell Carrier is: _____ My cell phone number is: _____

ES 237 Demographics:

Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Prefer Not to State
Residence	<input type="checkbox"/> Farm(Rural area where agricultural <input type="checkbox"/> Suburb of city more than 50,000



	products are sold) <input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town under 10,000 & rural non-farm <input type="checkbox"/> Town /City 10,000-50,000 & suburbs
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Military	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling serving in the military
Branch Component	<input type="checkbox"/> Air force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves

Grade	_____ School Name _____
School Type (Youth Only)	<input type="checkbox"/> Public School <input type="checkbox"/> Homeschool/Alternative <input type="checkbox"/> Private School <input type="checkbox"/> Magnet/ Specialized School <input type="checkbox"/> Special Education <input type="checkbox"/> Charter School

Enrollment Information:

Status	<input type="checkbox"/> New <input type="checkbox"/> Returning/ Re-Enrollment <input type="checkbox"/> Inactive <input type="checkbox"/> Terminated <input type="checkbox"/> Alumni
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Enrollment Category	<input type="checkbox"/> Member <input type="checkbox"/> Cloverbud/Mini member Date Enrolled: _____ 4-H age: _____ Years In 4-H: _____
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Enrollment Fee (if applicable)	Paid : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Check Check #: _____
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Is this individual a Youth Volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is Youth member a club officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No Club Officer position: _____
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Forms Submitted	<input type="checkbox"/> Medical Release <input type="checkbox"/> Acknowledgement of Risk <input type="checkbox"/> Code of Conduct From
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Educational Focus:

Clubs	<input type="checkbox"/> Enroll (New Club): _____ (New Club): _____ (New Club): _____ (New Club): _____
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Projects	<input type="checkbox"/> Enroll (New Project): _____ (New Project): _____ (New Project): _____ (New Project): _____ (New Project): _____ (New Project): _____ (New Project): _____ (New Project): _____
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Activities	
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Certifications	
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Parent/ Guardian Signature: _____ Date: _____