



# New Jersey 4-H Club Member Registration Form



**For Office Use Only** Club Code: \_\_\_\_\_ Member Code: \_\_\_\_\_

Use this form to register as a new 4-H member. Or, you can use the form to tell us any changes in information about yourself, like a new address, new club, or new project. If you are making changes, fill in your name and just the new information. The information on the form is used by the county Extension office so we can send you newsletters and other 4-H information. *(Your information will be used just for 4-H.)*

**What is today's date?** \_\_\_\_\_

**What type of 4-H member are you?** *(Check one.)*     4-H Prep - Grades 1-3     4-H Member - Grades 4-13

**Why are you filling out this form?** *(Check one.)*     New member     New information     Leaving 4-H

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street or P.O. Box:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Town or township where you live?** *(if different from mailing address):* \_\_\_\_\_

**Do you live on a farm?** *(Check one.)*     Yes     No    **Phone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Are you** *(Check one):*     Female     Male    **E-Mail Address:** \_\_\_\_\_

**How long have you been a 4-H member?** *(including this 4-H year which started in September):* \_\_\_\_\_ year(s)

**Birthdate:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**What is your racial-ethnic type?** *(This is optional and for government reporting purposes only.)*

- (Check one.)*     White, not of Hispanic origin     American Indian or Alaskan Native     Hispanic  
 Black, not of Hispanic origin     Asian or Pacific Islander

**Name of 4-H club(s):** \_\_\_\_\_

**Name of 4-H leader(s):** \_\_\_\_\_

## Parent/Guardian Information

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Street/PO Box:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Number:** (\_\_\_\_) \_\_\_\_\_

**FAX Number:** (\_\_\_\_) \_\_\_\_\_

Please use the work number only for an emergency.

**Work Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone or Beeper:** (\_\_\_\_) \_\_\_\_\_

**Occupation** *(Optional):* \_\_\_\_\_

**E-mail address** *(if different from child's):* \_\_\_\_\_

\_\_\_\_\_

**For Office Use Only** Parent Code 1: \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Street/PO Box:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Number:** (\_\_\_\_) \_\_\_\_\_

**FAX Number:** (\_\_\_\_) \_\_\_\_\_

Please use the work number only for an emergency.

**Work Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone or Beeper:** (\_\_\_\_) \_\_\_\_\_

**Occupation** *(Optional):* \_\_\_\_\_

**E-mail address** *(if different from child's):* \_\_\_\_\_

\_\_\_\_\_

**For Office Use Only** Parent Code 2: \_\_\_\_\_

# Project Information

Please list each individual project below. (For example: dog, drama, foods, cavy, horse, citizenship, rocketry, etc.)

Project: \_\_\_\_\_ Total Years in Project (Including the current year): \_\_\_\_\_

Project: \_\_\_\_\_ Total Years in Project (Including the current year): \_\_\_\_\_

Project: \_\_\_\_\_ Total Years in Project (Including the current year): \_\_\_\_\_

Project: \_\_\_\_\_ Total Years in Project (Including the current year): \_\_\_\_\_

(If you have more projects than fit on this page, please list them on a separate piece of paper and send it with this form.)

## Other Information

I want the 4-H Office to be aware of the following disability: \_\_\_\_\_

**Photo Policy:** At many 4-H events, photographs are taken of 4-H members and their families. Sometimes these pictures are used to tell people about 4-H. Pictures may be sent to newspapers or used for brochures, displays, or web pages. Photos placed on websites will not be accompanied by any personal information about the youth in the photo. If you do not wish to have an individual picture used for promotional purposes, please check the box below and make an effort to avoid opportunities to be in photos.

**No, do not** use my individual picture for any purpose.

## Signatures

Be sure to have everyone sign before returning form. We believe all the above information is complete and correct.

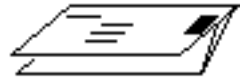
**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As a parent/guardian of the above-named 4-H member, I agree to support my child's participation in the 4-H program to the best of my ability and to abide by the policies, procedures and standards of behavior set forth by the 4-H Youth Development Program.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Leader's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please, return the completed form as soon as you can to your 4-H leader (or fold the form, staple it closed, and then mail it to your county's 4-H Office of Rutgers Cooperative Extension.)



**RUTGERS COOPERATIVE EXTENSION  
N.J. AGRICULTURAL EXPERIMENT STATION  
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY  
NEW BRUNSWICK**

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Fold Here

Revised 9/00

**From:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

