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):
_____________________________________________________________________

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**Parent/Guardian Information**

FirstName: ________________________  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):* ________________________________

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**For Office Use Only**  Parent Code 1: _______

**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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