

<b>Last Name</b>		<b>First Name</b>	
<b>Email</b>		<b>Mailing Address</b>	
<b>City</b>		<b>State</b>	
<b>Leader Type:</b>	Organizational or Project	<b>Birth Date</b>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Primary Phone</b>	
<b>Cell Phone</b>		<b>Years in 4-H</b>	

**Club Name:** \_\_\_\_\_

## Projects

LEADERS MUST ASSIST WITH AT LEAST ONE PROJECT	Years In
(Project)	
(Project)	
(Project)	
(Project)	
(Project)	
(Project)	
(Project)	

## Enrollment

<b>Ethnicity</b>	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Please indicate both an ethnicity and race</b>
<b>Race</b>	<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
<b>Residence</b>	<input type="checkbox"/> Farm (rural area where agricultural products are sold)	
	<input type="checkbox"/> Town under 10,000 and rural non-farm	