

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

Club Name: _____

Projects

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

Enrollment

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