**2015-2016 OABB 4-H Member Information**

 New\_\_\_ Returning \_\_ Years in 4-H \_\_\_\_ DOB:  Age as of Dec. 31 \_\_\_\_\_

Member Name 

Parent's Names 

Address 

Best Phone #  Alt phone # 



Main e-mail 

Additional e-mails 

I understand that I am expected to turn in Project Report forms for all projects. \_\_\_\_ Member initial

I understand that 4-H is only possible due to the efforts of the parents. As a parent I will help by volunteering at least 8 hours, and assisting at project meetings as needed. \_\_\_\_\_\_\_\_\_ Parent Initial

I would like our information to be included in our member directory \_\_\_\_\_\_\_\_\_ Parent Initial

Member signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

I would like to enroll in up to \_\_\_\_\_\_ (insert number) of the following projects:

1st choice: 

2nd choice 

3rd choice 

4th choice 