2018-2019 **OABB 4-H Member Information** **Please Print Neatly**

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. ـــــ 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 [_____]