





Member Name: First Middle Last	Name of	f 4-H Group/Unit				·	Year:
First Middle Last Address: Street Address City State Zip Code County: Gender*: Male Female Date of Birth: Grade: School Attending: Do you Live*: Farm (Choose only one) Town under 10,000 or rural non-farm Suburbs of city over 50,000 people — (City 10,000-50,000 people Military Installation: Suburbs of city over 50,000 people Military Installation: Mon-Hispanic or Latino B. Choose all that apply: Army Air Force Navy Marines Coast Guard National Guard (Air & Army) Reserves Ethnic group*: A. Choose One Hispanic or Latino Non-Hispanic or Latino B. Choose all that apply: White or Caucasian Black or African American Native Hawaiian or other Pacific Islander American Indian or Alaska Native Parent or Guardian: Area Code Daytime/Cell phone Area Code Home phone Email (if applicable) Address: Street Address City State Zip Code Phone: Area Code Daytime/Cell phone Area Code Home phone Email (if applicable) Address: First Middle Last Address: Street Address City State Zip Code Phone: Area Code Daytime/Cell phone Area Code Home phone Email (if applicable) Address: Street Address City State Zip Code Phone: Area Code Daytime/Cell phone Area Code Home phone Email (if applicable) 1. A parent or guardian should sign below whichever statement you wish to apply to the youth's involvement in 4-programs. I agree to allow 4-H to take photographs/audio/video of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor teleph numbers will be published within these materials. I do not wish for 4-H to take photographs of my child for use in 4-H and other N.C. Cooperative Extension educational, or marketing purposes. 2. The enrolling youth is bound by the N.C. 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federactivit rights laws, your responses will not affect consider	Membei	r Name:					
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Choose only one Town under 10,000 or rural non-farm	Gender*	*: Male Female	Date of Birth	ı:	Grade:	School Attendin	g:
Choose only one Town under 10,000 or rural non-farm	Do vou l	Live*: Farm			City over 50.0	000 people	
City 10,000-50,000 people	Choose	only one) Town un	der 10.000 or rura	l non-farm	Suburbs of ci	ty over 50.000 peopl	e
Do you have parent/guardian(s) active in the military? YesNo							
f yes, circle all that apply: Army Air Force Navy Marines Coast Guard National Guard (Air & Army) Reserves Ethnic group*: A. Choose OneHispanic or LatinoNon-Hispanic or Latino B. Choose all that apply:White or CaucasianAsianNative Hawaiian or other Pacific IslanderOtherOther	Do vou l	have parent/guardian(s) active in the m	ilitary? Yes	No		
B. Choose all that apply: White or Caucasian Black or African American Black or African American American Indian or Alaska Native Other Parent or Guardian: First Middle Last Address: Street Address City State City Area Code Home phone Email (if applicable) Additional Parent or Guardian: First Middle Last Address: Street Address City State Zip Code Additional Parent or Guardian: First Middle Last Address: Street Address City State Zip Code Phone: Area Code Daytime/Cell phone Area Code Home phone Email (if applicable) A parent or guardian should sign below whichever statement you wish to apply to the youth's involvement in 4-rorgarams. I agree to allow 4-H to take photographs/audio/video of my child for use in 4-H and shorter N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor teleph numbers will be published within these materials. I do not wish for 4-H to take photographs of my child for use in 4-H or N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor teleph numbers will be published within these materials. I do not wish for 4-H to take photographs of my child for use in 4-H or N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor teleph numbers will be published within these materials. I do not wish for 4-H to take photographs of my child for use in 4-H or N.C. Cooperative Extension educational, promotional, or marketing purposes. This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assurtant this program is administered in a nondiscriminatory manner. Office use only 4-H Membership #							ir & Army) Reserves
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NC STATE UNIVERSITY

Revised 11/13/09

A C A D E M I C S A R E S E A R C H A EXTENSION