



## 5-8 Year Old Cloverbud Member Enrollment Form

Today's Date			County Name			
4-H Club						
Name						
Boy or Girl?		Birth	Month	Day	Y	
		Date			e	
					a	
-					_ r	
Elizat Nama		C 3 31 - T., tzt. 1	L 4 NJ			
First Name	N	Iiddle Initial	Last Name			
Mailing Address						
City		State	Zip Code			
Phone		State	Zip Code			
Number						
	e an "X" if address correction or phone n	umber change is re	equired			
I am in the	grade.	This is	year in 4-H.			
	8	my	<b>,</b>			
		· <u> </u>				
*Name of						
Parent/Guardian						
Parent/Guardian	daytime					
Phone						
Parent/Guardian	evening					
Phone						
I live (choose one	e)	Ethnicity (ch	000a 0na)			
"F" – Farm Community		Ethnicity (choose one)				
			Hispanic or Latino			
"R" – Town less than 10,000 and Rural Non-farm		Not Hispanic or Latino				
"T" – Town and Cities 10,000 to 50,000 "S" – Suburbs of cities over 50,000		Race (choose all that apply)				
	•	White	A.C.: A			
"M" – Central cities of over 50,000			Black or African American			
			an Indian or Alaskan Nat	ive		
		Asian				
		Native	Hawaiian or Other Pacific	c Islander		
Project Number	Name of Project		Send Project? (Yes/No)	Years in Pr	roject	

<sup>\*</sup>Note: To participate, at least one parent must be enrolled with member except in school enrichment or day care settings.

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