

Member Enrollment Form (Adult Member)

NAME:			
FIRST MIDDLE		LAST PREFERRED	
MAILING ADDRESS:			
STREET OR PO BOX	CITY	STATE	ZIP
GENDER: MALE FEMALE (circle one) PRIMARY PHONE	CELL PHONE		
CELE FIGHT			
WORK PHONE: EMAIL	ADDRESS:		
TO RECEIVE TEXT ANNOUNCEMENTS (You must enroll yourself to any of the following lists of			
Choice) Text 81010 then the code for the group you wish to join.			
Please text the appropriate club to join the list. All family members may join the list. This will be the only way to receive text reminders.			
All Members- @all201515 Young Riders -@yr201516 Alamo Cl	ub – @alamo1516		
ENROLLMENT			
Ethnicity: Are you of Hispanic ethnicity? No Yes (circ	le one)		
Race: (circle one) WHITE BLACK AMERICAN INDIAN OR ALASKAN NATIVE			
NATIVE HAWAIIAN OR PACIFIC ISLANDER ASIAN PREFER NOT TO STATE			
Residence: (circle one) FARM TOWN	UNDER 10,000		
Military: (circle one)			
No one in my family is serving in the military I have a parent :	serving in the military	Myself, and/or my	spouse is currently serving
Branch/Component: (circle one) Air Force Army Coast	Guard Marines Navy	/	
(circle one) Active Duty	National Guard Rese	erves	
CLUB PREFERENCE: (circle one)			
ALAMO CLUB (meets 2nd Tuesday @ 5pm)			
YOUNG RIDERS CLUB (meets 2nd Sunday @ 2 pn	1)		
MEDICAL INSURANCE INFORMATION			
Insurance Company Prim	anny Insurad		
			
Policy Number Phone			
For OFFICE HOLD ONLY.			
For OFFICE USE ONLY:			
Date Received in County Office Entered	on 4-H Connect	Text_	Email
Stamps.com Enrollment spreadsheet			

4-H Year: 2017-2018

[&]quot;Texas A&M AgriLife Extension provides equal opportunities in its programs and employment to all persons, regardless of race, color, sex, religion, national origin, disability, age, genetic information, veteran status, sexual orientation, or gender identity." The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperation