



**2018-2019 MEMBER ENROLLMENT  
SWEET GRASS COUNTY 4-H**

Member Name: \_\_\_\_\_

Do you require an accommodation for a disability to participate in this program?                      Yes    No

**Parent/Guardian Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

**Forms are due back to the Extension Office at 515 Hooper or PO Box 640 Big Timber, MT**

*Leader Dues: \$5.00    Member Dues: \$10.00    Cloverbud Dues: \$5.00*