

**Mississippi 4-H Alumni and Friends Program Enrollment Card**

**Mr/Mrs/Ms/Dr:**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
(first) (middle initial) (last)

**Address** \_\_\_\_\_ **County** \_\_\_\_\_  
(Street/P.O. Box)

**City** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Membership Levels:**

**Collegiate-** \$00.00 till one year after graduation) **Institute** \_\_\_\_\_

**Annual-** \$30.00)

**Family-** \$50.00 joint membership for spouses

**Corporate-** \$250.00 to include name plate on Corporate Board at State 4-H Office

**MS 4-H Volunteer Leader Association Members; Annual (\$25.00) Family (\$40.00)**

**Send form and payment to: MS 4-H Alumni and Friends Program, Box 9641,  
Mississippi State, MS 39762**