




Mississippi 4-H
Junior Master Gardener_{SM} Program



Member Group Enrollment Form

The group teacher/leader must complete this form and return it to the county Extension 4-H agent.

JMG_{SM} Group Name _____ County _____

JMG_{SM} Group Teacher/Leader _____ Date _____

FOR OFFICE USE ONLY

County Number _____

Unit/Club Number _____

SECTION I - Unit Information: Type of 4-H organization (*Check only one*)

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> 1. Community | <input type="checkbox"/> 4. Community Partnership | <input type="checkbox"/> 7. Camping |
| <input type="checkbox"/> 2. Project | <input type="checkbox"/> 5. Special Interest | <input type="checkbox"/> 8. ENP-Y |
| <input type="checkbox"/> 3. School | <input type="checkbox"/> 6. Curriculum Enrichment | <input type="checkbox"/> 9. Clover Kids (K-2) |

SECTION II - Distribution of members by: The total number for age, for residence, and for race and gender should all be the same.

Age

AGE	NUMBER
Under 9	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
TOTAL	

Residence

RESIDENCE	NUMBER
Rural/Farm	
Town less than 10,000	
City between 10,000 and 50,000	
Suburb of city more than 50,000	
Central city more than 50,000	
TOTAL	

JMG_{SM} Project Code

CODE	10089
Males	
Females	

Race and Gender

	MALES	FEMALES	TOTAL
White - not of Hispanic origin			
Black - not of Hispanic origin			
American Indian or Alaskan Native			
Hispanic			
Asian or Pacific Islander			
TOTAL			

If all participants are of the same race, please answer the following questions:

- Is this unit in a racially mixed community (at least two different racial groups)?
 Yes No
- Is this unit integrated? Yes No