



BERKELEY COUNTY CLOVERBUD MEMBER ENROLLMENT CARD

(Year Beginning October 1)



Name of Club: _____ Year in Cloverbuds: _____

Name: _____ Phone: _____
Last First MI

Address: _____

City State Zip

Birthdate: _____ Age: _____ Grade in School: _____

Parent/Guardian Name: _____

Email Address: _____

Leader Use Only	Nationality Code: 1___ 2___ 3___ 4___ 5___
Residence: Farm___	Town under 10,000___ City 10-50,000___ Suburb over 50,000___ Central City over 50,000___



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