

Date: _____

Enrollment Form For

_____ County Extension Homemakers Association

Name _____

Address _____

Email _____

Name of Club _____

Phone: Home (____) _____ Work (____) _____

Cell (____) _____ Fax (____) _____

Circle age group: 15-19 20-24 25-34 35-44 45-54 55-64 65-74 75+

Ethnic Background (*Optional – circle one*): White Black Hispanic Asian Other

Gender (please circle): Female Male

*Number of years in club membership: Please include the present year 2015-2016, does not have to be continuous years) ***Number of years:** _____

I, (print full name) _____ hereby grant permission to the University of Kentucky, including its affiliates and subsidiaries, and Kentucky Extension Homemakers Association, Inc., to interview, photograph, and/or videotape me; and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities and publications without compensation.

Signature: _____ Date: _____

Witness: _____ Date: _____

The Kentucky Cooperative Extension Service is required by Federal law to collect and maintain information regarding the characteristics of the people we serve. The information you supply is voluntary.

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