

Date: _____

**Enrollment Form
for**

_____ County Extension Homemakers Association

Name _____
(as used for mail purposes)

First Name _____

Address _____

Email _____

Name of Club _____

Date _____

Phone: Home (_____) _____

Work (_____) _____

FAX (_____) _____

Where do you live? On Farm In country, but not farm
(Circle one) Town under 2,500 Town over 2,500

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

Enrollment Form
Page 2

Ethnic Background (*Optional – circle one*):

White Black Hispanic Asian Other

Gender (please circle): Female Male

Number of years in club membership (please circle one):

- Less than 2 yrs. 2-5 yrs. 6-19 yrs.
 11-15 yrs. 16-20 yrs. 21-35 yrs.
 36-49 yrs. 50+

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.

Educational programs of the Kentucky Cooperative Extension Service serve all people regardless of race, color, age, gender, religion, disability, or national origin.