

Date: \_\_\_\_\_

**Enrollment Form  
for**

Pendleton 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)*      o      Town under 2,500      Town over 2,500

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

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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.*

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