Date:_____

Enrollment Form
for

_____County Extension Homemakers Association

Name _____

Address _____

_____

Email _____

Name of Club _____

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

Cell (_____) _____ Fax (___) _____

Age group (*Optional – circle one)*: 15-19 20-24 25-34 35-44 45-54 55-64 65-74 75+

Race (*Optional – circle one)*: White Black Asian/Pacific Islander American Indian or Alaska Native Other

Ethnicity (*Optional - circle one)*: Hispanic Non-Hispanic

Gender (*Optional - circle one*): Female Male

Number of years of KEHA membership (Please circle one):

Less than 2 yrs. 2-5 yrs. 6-10 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.