

**ENROLLMENT FORM
FOR
NICHOLAS COUNTY EXTENSION HOMEMAKERS ASSOCIATION**

Date: _____

Name: _____

Address: _____
(Street) (City – State – Zip)

E-mail: _____

Name of Club: _____

Phone: Home () _____ **Cell** () _____

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

Birth year: _____

Race: **White** **African American** **Asian/Pacific Islander**
 American Indian/Alaska Native **Other**

Ethnicity: **Hispanic** **Non-Hispanic**

Gender (please circle): **Female** **Male**

Total years of Membership: _____ **First year of KEHA membership:** _____

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:** _____

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