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:_____

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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