

Enrollment Form for

Date: _____

Laurel County Extension Homemakers Association

T-Shirt Size _____

Name _____

Address _____

Email _____

Name of **Primary Club** _____

Other Laurel Cty Homemaker Clubs that you are a member of (if any) _____

Phone: Home (____) _____ Other (____) _____

Cell (____) _____ Fax (____) _____

What is the **BEST** number to reach you? ____ Home ____ Cell ____ Other

Race:
____ White
____ Black or African American
____ American Indian or Alaska Native
____ Asian/Pacific Islander
____ Hawaiian
____ Other _____

Birth Date: _____ mm/dd/yy

Gender: ____ Female ____ Male

1st year of KEHA membership: _____

Total years of membership: _____

Do **NOT** include my contact info in the
Homemaker Phone Book: _____

Ethnicity: ____ Hispanic ____ Non-Hispanic

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, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.