

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

## Enrollment Form for

\_\_\_\_\_ County Extension Homemakers Association

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Name of Club \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Birth year (*Optional*): \_\_\_\_\_

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

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

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

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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