

Date: _____

Enrollment Form
for
MUHLENBERG County Extension Homemakers Association

Name: _____

Address: _____

Email: _____

Member at Large **OR** **Name of Club:** _____

Phone: Home _____ Work _____

Cell _____ Fax _____

Circle age group: 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: Female Male

Number of years of KEHA membership: Less than 2 yrs. 2-5 yrs. 6-10 yrs.

11-15 yrs. 16-20 yrs. 21-35 yrs. 36-49 yrs. 50+ yrs.

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.