

**Enrollment Form  
for**

Date: 2024-2025

**Adair County Extension Homemakers Association**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

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

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

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

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

Race (*Optional – circle one*):      White      Black or African American  
                                         Asian/Pacific Islander      American Indian      Hawaiian      Other

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

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

Total years of membership: \_\_\_\_\_

I, (print full name) \_\_\_\_\_, being eighteen (18) years of age or over, 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.

**Adair County Homemaker membership is \$12. Our program each year begins in September, dues are payable in the early Fall. Membership concludes in approximately July.** Appendix 11  
June 2020

