

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

## Enrollment Form for Grant County Extension Homemakers Association

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Mailbox Membership or Club Name \_\_\_\_\_

Newsletters via \_\_\_\_\_ Mail \_\_\_\_\_ E-Mail

Email Address: \_\_\_\_\_

Please circle how you would prefer to be contacted

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Text Message (\_\_\_\_) \_\_\_\_\_

Circle age group: 15-19 20-24 25-34 35-44 45-54 55-64 65-74 75+

Ethnic Background (*Optional – circle one*): White Black Hispanic Asian Other

Gender (please circle): Female Male

Number of years in club membership (please circle one):

New	Less than 2 yrs.	2-5 yrs.	6-10 yrs.	11-15 yrs.
16-20 yrs	21-35 yrs.	36-49 yrs.	50+	

Dues are \$8.50 per year. (A portion of the dues go to Ovarian Cancer Research).

Make checks payable to: **Grant County Extension Homemakers Association.**

**If you mail dues, send to: Grant County Extension Office, 105 Baton Rouge Road, Williamstown, KY 41097.**

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 then 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.*