

Annual Dues = \$10.00

Date: _____

**Enrollment Form
for**

POWELL

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.

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.