

Date: _____

Enrollment Form for Campbell County Extension Homemakers Association

Name _____

Address _____

_____ Mailbox Membership or Club Name _____

Home (_____) _____ Work (_____) _____

Cell (_____) _____ Email address: _____

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 \$8.00 per year. (A portion of the dues go to Ovarian Cancer Research).

Make checks payable to: **Campbell County Extension Homemakers Association**

If you mail dues, send to: Campbell County Extension Homemakers Association, c/o Carleen Kees, 1665 Redstone Road, Alexandria, KY 41001

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: _____

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