

Today's Date _____
Birthday _____
(month and day ONLY)



Dues: \$8.50

Enrollment Form 2017
For
Butler County Extension Homemaker Association

Name _____
(As you want your mail addressed)

First Name _____ Email _____

Address _____

Club Name/Mailbox _____ Phone: Home (____) _____ Work (____) _____

Where do you live? (Check one)

- On Farm
- In country, but not farm
- Town under 2,500
- Town over 2,500

Age Group:

- 1-14 25-34 55-64
- 15-19 35-44 65-74
- 20-24 45-54 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):

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

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: _____

