Date:

Enrollment Form for

		Count	y Extens	ion H	omemake	rs Associa	tion
Name Address							
Email							
Name of	Club						
Phone:	Home () _			Wo	rk ()		
	Cell ()			Fax ()			
Age grou	p (<i>Optional – cir</i> 65-7475+	cle one): 15	7-19 20-2	24 2	5-34 35-4	4 45-54	55-64
Race (Op	tional – circle on American In	ne): White dian or Alaska		Asian Other	n/Pacific Isla	nder	
Ethnicity	(Optional - circl	e one): Hispa	anic	Non-Hi	ispanic		
Gender (Optional - circle	one): Fe	male	Male			
Number o	of years of KEHA	A membership (Please circ	le one):	:		
	ess than 2 yrs. -35 yrs.	· ·	•		11-15 yrs.	16-20 yrs.	
Kentucky, Inc., to int interview, the aforem	Il name)including its affilerview, photography, and nentioned interview and publications w	iates and subsidi h, and/or videota /or videotaping; v and/or the afor	aries, and K ape me; and and/or to us rementioned	Centucky or to su e and/or	Extension For Ex	Iomemakers Anothers who make information to use information.	Association, ay do the mation from
Signature:					Date:		
Witness: _					Date:		

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