

Dues are due by December 1st
General Membership \$ 12.00
Checks payable to: Oldham Co. Homemakers

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Enrollment Form for Oldham County Extension Homemakers Association

Name: _____

Address: _____

Email: _____

Primary Club: _____

Phone: Home (____) _____ Work (____) _____

Cell (____) _____ Fax (____) _____

Birth year (*Optional*):

Race (*Optional—check one*): White Black or African American
Asian/Pacific Islander American Indian or Alaska Native Other

Ethnicity (*Optional—check one*): Hispanic Non-Hispanic

Gender (*Optional—check one*): Female Male

Total years of membership:

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 the characteristics of the people we serve. The information you supply is voluntary.

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