

Spencer County Homemaker's Enrollment Form

Please complete & return this form to the Spencer County Cooperative Extension Office to become a Spencer County Homemaker or to retain membership. Each year you must re-enroll to continue being a Homemaker Member. Benefits include regular Homemaker news about upcoming events and programs, opportunities for meeting others who have similar interests, lifelong learning and having fun! Please provide below your contact information:

Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Email: _____ Phone: _____

Years of service _____ Year you became a Spencer County Homemaker member _____

Name of Club(s) you regularly participate in (please circle): Bluegrass Basket Guild, Cook Wild Club, Loyal, Patch worker's Quilt Club, Thread & Thimble, Waterford, or a Member At Large

Would you like to volunteer for programs/events: _____

How would you prefer your mailings? (Please circle your preference) Mail Delivery /E-Mail/NO MAIL

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 and kept confidential. Educational programs of the Kentucky Cooperative Extension Service serve all people regardless of race, color, age, gender, religion, disability, or national origin.

Birth date: _____ Race (Please check all that apply): White ___ Black ___ Asian/Pacific Islander ___
American Indian or Alaska Native ___ two or more ___ other ___ Ethnicity: Hispanic ___ Non-Hispanic ___

Gender: Female ___ Male ___

PLEASE COMPLETE: Photography/Media Permission Form 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: _____

Dues for membership are \$12.00. Check /cash options. Sorry we don't accept credit/debit cards. Please make **checks** payable to the **Spencer County Homemaker's** and **mail: PO Box 368 Taylorsville, KY 40071** or **drop off: 100 Oak Tree Way, Taylorsville, KY 40071** before **November 1st of each year**

For office: entered in database: _____ (please circle: check / cash) amount paid: _____ check# _____