



2024-2025 Enrollment Form for Gallatin Co. Extension Homemaker Association

Homemaker Dues Total - \$10.00

Make Check Payable to: Gallatin Co. Extension Homemakers
PO Box 805, Warsaw, KY 41095-0805

Date _____

First Name _____ Last Name _____

Mailing Address _____

E-Mail _____

Please check One: _____ New Membership _____ Membership Renewal

Race (Circle One) _____ Asian _____ Black _____ White _____ Native American _____ Other

Gender _____ Male _____ Female

Age Group: _____ 20-24 _____ 25-34 _____ 35-44 _____ 45-64 _____ 65 & Over

Club Name (If a member of one of the clubs) _____

Phone Numbers: Home: () _____

Work: () _____

Cell: () _____

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 to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities and publications without compensation.

Signature: _____ Date: _____