

Calloway County Extension Homemakers Association

Enrollment Form 2025-2026

Name: _____

Address: _____

City, State: _____ Zip: _____

Email: _____

Phone: Home _____ Cell _____

Age Group: 15-19 20-24 25-34 35-44 45-54 55-64
 65-74 75+

Gender: Female Male

Ethnicity (optional): Hispanic Non-Hispanic

Race (optional): White Black or African American Asian/Pacific Islander
 American Indian Hawaiian Other

Are you a new member? Yes No

Membership Type: Make checks payable to Calloway County Homemakers

_____ Mailbox (\$15) _____ Clubs (\$15)- Some clubs may have an additional fee

Please select club(s) below. When selecting clubs, check only those in which you will be active.

_____ Creative Crafts Workshop

_____ Friendship

_____ Happy Hearts

_____ Modern Homesteading

_____ Quilt Lovers

_____ Shooting Sports

_____ Town and Country

Interest in Participating: Your selection of any leadership roles indicates your interest only; it is not a full commitment. You may be contacted for the role selected if needed. At that time, you can accept or decline. Please consider any of the following positions!

County Chairman Position:	<input type="checkbox"/> Cultural Arts & Heritage	<input type="checkbox"/> Food Nutrition & Health	
	<input type="checkbox"/> Environment Housing & Energy	<input type="checkbox"/> International	
	<input type="checkbox"/> Family & Individual Development	<input type="checkbox"/> Leadership Development	
	<input type="checkbox"/> Management & Safety	<input type="checkbox"/> 4-H Youth Development	
Volunteer Opportunities:	<input type="checkbox"/> Social Media	<input type="checkbox"/> Membership Recruitment	<input type="checkbox"/> Scholarship
	<input type="checkbox"/> Murray	<input type="checkbox"/> Annual Day	<input type="checkbox"/> Officer Nomination
	<input type="checkbox"/> Calloway Co. Fair		
	<input type="checkbox"/> Reality Store		<input type="checkbox"/> Other

Please sign below for membership

Signature: _____ **Date:** _____

Signing under this box means you give permission to have your picture taken and used in social media, newspaper, etc.

I, (print full name) _____, being eighteen (18) years of age or over, 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:** _____

Office Use Only:	Date Received: _____	Paid: _____	Entered in Excel:
-------------------------	-----------------------------	--------------------	--------------------------