

2025 – 2026 Enrollment Form

NEIGHBORHOOD KIDS

Yearly Dues: \$10.00

Please make checks out to: *Fleming County Homemakers*

(Dues \$9 + \$1 contributed to KY Ovarian Cancer Research Fund)

First Name: _____ Middle Initial: _____ Last Name: _____

Club Name: ☐ _____ Address: _____

or ☐ Mailbox Member _____

Email: _____

Sex: ☐ Female ☐ Male

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax Number: _____

Ethnic Background (Optional): ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Other

Age Group (Check One) Enrollment Type:

☐ 15-19 ☐ 20-24 ☐ Yearly Renewal ☐ New Member

☐ 25-34 ☐ 35-44 Number of Years in Club Membership: _____

☐ 45-54 ☐ 55-64

☐ 65-74 ☐ 75+

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 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: _____

The Kentucky Cooperative Services 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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MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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Disabilities
accommodated
with prior notification.