## **Individual Membership Form**

extent permitted by law.





## Turn in the completed form to your local County Extension Office.

Name				Date		
District		Birth date (Optional)		County		
Club Name(s)						
Address			City	State	Zip	
E-mail						
Home Phone			Cell Phone			
What year did you join EHC?	did you join EHC? *Gender		*Ethnicity			
, , ,	☐ Male ☐ Fema	le	☐ Not disclosed		c Not Hispanic Not disclosed	
*Race						
$\square$ African American or Black	☐ American Indian or Alaskan Native ☐ Asian					
☐ Caucasian or White	☐ Native Hawaiian or Other Pacific Islands ☐ Not disclosed					
Check below to receive emai	l and SMS text no	tific	ations:			
$\square$ I would like to receive email notifications. $\square$ I would like to receive SMS text notifications.						
By selecting to receive email, you notifications about the Exhttps://www.uaex.uada.edu/	xtension Homema		• • • •		•	
to participate in this program. This is information you give will be used to	on you provide will no a voluntary questionr improve the operation	t be ι naire. of th	used when reviewing your You are not required to gois Is program, to help us des	application or ive this inform ign additional	who apply and participate Division of when determining whether you are eligible nation, but we hope you will because the opportunities for program participation,	

The University of Arkansas System Division of Agriculture offers all its Extension and Research programs to all eligible persons without regard to race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.