**2024 – 2025**

 **La Porte County Extension Homemaker Membership Enrollment Form\***

*Send Forms & Dues to the Extension Homemakers County Treasurer*

Date Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (please print) Female / Male

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City State Zip

Birthdate (mm/dd/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Home/Cell

I give my permission for my number to be given out if requested by membership

( ) Yes ( ) No

 **Renewal**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Club Yrs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_

Specialty Club Yrs.

 **New**

If new member, who is your sponsor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Mailbox member only**

Dues are: $5.00 (State), $2.75 (Insurance), 8.25 (County), 1.00 (District) Total $17.00

*This amount does not include club dues*

**Total Due $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make checks payable to LaPorte County Extension Homemakers.**

Are you interested in a leadership role within the LaPorte Extension Homemaker Executive Board? ( ) Yes ( ) No

Do you have any suggestions/comments that may help in the growth of our organization?

\*A new form is to be filled out each membership year.

**We routinely gather demographic information for reports. You are invited to answer the following questions:**

**Race (optional) Residence (optional)**

( ) African American/Black ( ) City (population 50,000 or more)

( ) American Indian ( ) Farm

( ) Asian ( ) Rural/Town (population up to 10,000)

( ) Caucasian/White ( ) Town/City (population 10,000 to 50,000)

( ) Hispanic

**Employment**  **(optional)**

( ) Employed full time outside home

( ) Employed at home

( ) Full-time homemaker (including retired)

( ) Employed part time

**Photo Release Form**

I do hereby grant permission to Purdue University, its agents, and others working under its authority, full and free use of video/photographs containing my image/likeness. I understand these images may be used for promotional, news, research and/or educational purposes.

I hereby release, discharge, and hold harmless the University and its agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs or video.

I do further certify that I am either of legal age, or possess full legal capacity to execute the foregoing authorization and release.

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For Office Use Only**

Years Tenure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Entered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Initials \_\_\_\_\_\_\_\_\_

**County Treasurer Use Only**

( ) Cash

( ) Check # \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_Club Check \_\_\_\_\_\_Individual Check

Treasurer Initials \_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_