

2026 – 2027



La Porte County Extension Homemaker Membership Enrollment Form*

Send Forms & Dues to the Extension Homemakers County Treasurer

Date Submitted _____

Form Due May 15, 2026

 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 **New**

 Primary Club Yrs.

 Specialty Club Yrs.

Mailbox member only

Dues are: \$5.00 (State), \$3.75 (Insurance), 8.25 (County), 1.00 (District) Total \$18.00

This amount does not include club dues **Total Due** \$_____

Make checks payable to: LaPorte County Extension Homemakers.
Mail to: Bonnie Stoner – 4606 E. Michigan Street, Rolling Prairie, IN 46371

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?

Committee Sign Up – You may choose more than one

- Membership** **Retreats/Cultural Art** **Nominating** **Program Book**
- Thank you Picnic** **Holiday Party** **Monthly Socials**
- IEHA Week** **Soup Night** **Program Planning**
- Taste of Extension** **International Faire** **Clothing Giveaway**
- Would you be interested in chairing a committee?**

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

Race (optional)

- () African American/Black
- () American Indian
- () Asian
- () Caucasian/White
- () Hispanic

Residence (optional)

- () City (population 50,000 or more)
- () Farm
- () Rural/Town (population up to 10,000)
- () Town/City (population 10,000 to 50,000)

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 _____

<u>For Office Use Only</u>
Years Tenure _____
Date Entered _____
Staff Initials _____

<u>County Treasurer Use Only</u>
() Cash
() Check # _____
_____ Club Check _____ Individual Check
Treasurer Initials _____ Date Received _____