

Application for Agri-Business Center Programs/Classes

Name:	
Address:	
City/State/Zip:	
Phone: (Home):	
(Work):	
Email address:	
Best Time to Take Classes:	
Date of Birth:	Gender: M____ F____
Are you a resident of Madison Co.?	(Circle One) Yes No
If No, are you a Madison farmer?	(Circle One) Yes No
Circle Highest Grade Completed (Circle One):	
1 2 3 4 5 6 7 8 9 10 11 12 GED 13 14 15 16 17+	
Education After High School: Name of School:	Hobbies/Interests/Activities:
Degree: Major/Concentration:	Computer Courses Previously Taken:
Please circle the activities you would like to be able to perform on a computer: General Use, Write letters, Budget finances/Spreadsheets, Presentations, Email, Internet, Photography/Graphic Design, Website design, Computer Maintenance, Network Administration, Database Design Other:	
If you are currently employed, please describe your job(s): 	
Do you own or have access to a computer? Yes No	If yes, is it at home or work? Home Work Both
What do you hope to gain from this/these course(s)?	
Signature:	Date:
Please return completed application to Madison Agri-Business Center, PO Box 579, Marshall 28753 or fax to 828-649-1311. Thanks for participating!	

