

Extension Office Use Only
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Oklahoma Home and Community Education
County Membership Form
Return membership form with dues to county OHCE Treasurer.

MEMBER INFORMATION

Date: _____ New Member: or Renewal:

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Send Outreach Newsletter by email: YES

Group name: _____ Member since: _____

Email: _____ County: _____

VOLUNTARY INFORMATION REQUEST (*Equal Opportunity Information Request-you are not required to answer any of these questions.*)

Age Range: 19 years & under ; 20-34 ; 35-44 ; 45-64 ; 65-79 ; 80& over

Gender: Female ; Male

Ethnicity Hispanic/Latino: Yes ; No ;

Race (Select one or more):

- White
- Black/African American
- American Indian/Alaska Native
- Hawaiian/Pacific Islander
- Asian

Member Signature: _____

County Use Only Below this Point