

Extension Office Use Only
Placed on Computer Roster by

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