

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