
OKLAHOMA AFS MEMBERSHIP FORM

NAME:

(last)

(first)

AFFILIATION:

MAILING ADDRESS

(Dept, Bldg, Office, Street, PO Box, Route, etc.)

(City)

(State)

(Zip)

DAY PHONE: _____

E-MAIL: _____

MEMBERSHIP TYPE: 1 Year (\$5) 2 Years (\$10) 3 Years (\$15)
Life (\$50)

MEMBERSHIP STATUS: Professional Student

COMMITTEES (please choose at least one):

Activities Awards Continuing Ed Environmental Concerns
Fundraising Program

Make check payable to OK-AFS, and contact Matt Mauck at matt.mauck@odwc.ok.gov for mailing instructions.

