



"To improve the quality of life for women, children and families in Oklahoma"

ADVISORY COUNCIL NOMINATION FORM

PURPOSE: The Advisory Council serves as a vehicle to help the Oklahoma Commission on the Status of Women meet its requirements to act as an outreach to the women of the state, to be a resource and clearinghouse for research and information on issues related to women and gender bias, to act as an advisory entity on equity issues to state agencies, communities, organizations and businesses of the state and to establish recommendations for action to improve the quality of life for Oklahoma women, children and families.

Nominee Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Work Phone: () _____ Cell: () _____

E-mail Address: _____
Employer/Occupation
if applicable: _____

Please attach a BIO and indicate areas of interests, or services and contributions in improving the life for women, children and families in Oklahoma.

Nominator Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Work Phone: () _____ Cell: () _____

E-mail Address: _____

Please return to:

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