"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 assist the Oklahoma Commission on the Status of Women to meet its requirement to act as an outreach to the women of the state; 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 quality of life for Oklahoma women.*

Nominee Information

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

Address: _____ _____
Street Address *Apartment/Unit #*

_____ _____ _____
City *State* *Zip Code*

Today's Date: _____ *Home Phone:* _____ *Cell:* _____

Work: _____ *Email Address:* _____

Employer/Occupation: _____

Nominator Information

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

Home Phone: _____ *Work:* _____ *Cell:* _____

Email Address: _____

Please attach a brief bio with nomination.

Email completed form to:
ocswadmin@omes.ok.gov

Revised February_2016