

OAE4-HA Membership Form

2009 Membership

Name _____ District _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone: _____ FAX: _____

Date of Birth _____ (optional)

Professional Status:

4-H _____ FCS _____ Ag _____ Ext. Paraprofessional _____

County: _____ Years of Service _____

Membership Type: New Member _____ Renewal _____

OAE4-HA Association Status:

____ President ____ Past President

____ President-elect ____ District Director

____ Vice President ____ Committee Chair

____ Secretary ____ Committee Chair-elect

____ Treasurer ____ Perspective Editor

State Membership Dues: please check one

Paraprofessional \$10.00 per year _____

Affiliate Membership \$30.00 per year _____

National & State Membership Dues:

Affiliate Membership \$80.00 per year _____

Paraprofessionals

1st Year Membership \$47.50 per year _____

Regular Membership \$80.00 per year _____

Extension Educators

1st Year Membership \$47.50 per year _____

Regular Membership \$80.00 per year _____

Dual Association Membership* \$70.00 per year _____

*Must be a paid member of OAEAA and/or OAEFCS

NAE4-HA Demographic Information

Number of years as a member: _____

Number of NAE4-HA Conferences Attended: _____

Level of Degree Earned:

Associates _____

Bachelors _____

Masters _____

Doctorate _____

Ethnicity:

Asian _____

African American _____

Caucasian _____

Latino _____

Native American _____

Other _____

State Committee Interest :
(Rank 1-4)

Awards and Recognition _____

Annual Conference _____

Beef and Swine Field Days _____

Budget and Finance _____

Fairs and Shows _____

Membership _____

Nominating _____

Perspective _____

Policy and Resolution _____

Professional Improvement _____

Public Relations _____

Would you be willing to serve as a Vice-Chair of a committee? Yes or No