

**ONE NORMAN**  
**NOMINATION/APPLICATION FOR THE ONE NORMAN VISION TASK FORCE**

First and Last Name \_\_\_\_\_

Background/Occupation \_\_\_\_\_

Background Number(s) from Criteria for Selecting Vision Task Force Members  
**See Page 2 – List by #, all that apply.**

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Race \_\_\_\_\_

Gender ( ) Male ( ) Female ( ) Non-Binary

Age Range:  High School  College  22-29  30-39  40-49  50-59  60 +

City Ward:  1  2  3  4  5  6  7  8

County District:  1  2  3

Member or Volunteer of these Organizations:

\_\_\_\_\_  
\_\_\_\_\_

If you are selected as a participant of the **ONE NORMAN VISION TASK FORCE**, you will be expected to attend the meetings which will be held on four Wednesdays: **May 3rd, May 10<sup>th</sup>, May 17<sup>th</sup>, and May 24<sup>th</sup>**, from 6:00 PM – 9:30 PM. There will also be two Town Hall meetings in April and July (dates and locations TBD)

Please email the completed form to [Crystal@ONENORMAN.org](mailto:Crystal@ONENORMAN.org), or, mail to:

**ONE NORMAN** • 424 West Main Street, Norman, Oklahoma 73069