



Oklahoma Agricultural Cooperative Council

Today's Date: \_\_\_\_\_

Cooperative Name: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ I would like to receive text message updates from OACC.  Yes  No

**Company Contacts to Receive Information from the OACC:**

*If you would for someone other than yourself to receive information from the OACC on behalf of your company, please fill out the appropriate information below.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return survey with dues check to:

OACC, PO Box 13548, Oklahoma City, OK 73113 or use an online fillable form at [www.okagcoop.org](http://www.okagcoop.org).

And return by email to [rjgray@okagcoop.org](mailto:rjgray@okagcoop.org).