



Oklahoma City Ballet

Associate Board Application Form

2026/27 Season

Contact Information (required)

Name: _____

Preferred Pronouns _____ DOB: _____
Month/Day/Year

Address: _____

City/State/Zip: _____

Phone: (Primary) _____ Email: _____

Social Media Handle (optional) _____

Demographic Information (optional) (This information would be helpful but is not required.)

Gender: _____ Race: _____

Professional Background (required)

Occupation: _____ Company Name: _____

Other Organizational Affiliations: _____

Please mark your areas of specialty (up to 5)

- | | |
|---|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Legal (Type: _____) |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Logistics |
| <input type="checkbox"/> Community Contacts & Relations | <input type="checkbox"/> Medical (Type: _____) |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Nonprofit Experience |
| <input type="checkbox"/> Financial Mgmt. | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Fundraising and/or Grant Writing | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> HR/Personnel | <input type="checkbox"/> State/Govt. Affiliation |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Volunteer Recruitment/Mgmt. |
| <input type="checkbox"/> Influencer | |

Questions (required)

How did you hear about the OKC Ballet Associate Board?

How many hours per month are you able and willing to commit to Associate Board or Ballet activities?

Why are you interested in joining the Oklahoma City Ballet Associate Board?

What are you hoping to accomplish through your membership?

What skills, experiences, or community involvement would you bring to support the Ballet's mission?

Thank you for the time and effort in completing this application form.
Please return the completed form via email to Jackie Raley (jackie@okcballet.org) by July 15, 2026

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Revised 6/15/2026