



Application for Associate Membership  
Family Law Section  
Oklahoma Bar Association

Mail To:

Oklahoma Bar Association - Membership Department  
PO Box 53036  
Oklahoma City, OK 73152-3036

Enclosed is my check for \$25.00 payable to the Oklahoma Bar Association for Associate Membership in the Family Law Section. I understand I am entitled to all benefits of membership, except voting, and holding office.

E-Mail: I understand that most Section communication is by e-mail, and that my information will not be distributed to third parties, other than inclusion in a membership directory, or notice to the Section of my membership to which I consent, unless checked below.

\_\_\_\_\_ If checked, do **not publish** my information or notice of membership, or in a directory.

**Please Print:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Necessary for full benefits of membership**

Occupation/Licenses: \_\_\_\_\_

(The Return Address Above is formatted to fit in a Number 9 or 10 Window Envelope for your convenience.)

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**For Bar Association Use Only**

\_\_\_\_\_ Posted to Database; \_\_\_\_\_ Acknowledgment E-Mailed FLS on \_\_\_\_\_

By: \_\_\_\_\_

Membership Number \_\_\_\_\_