

CERTIFICATION OF SELECTION OF DELEGATES

**MAIL, FAX OR SCAN TO:**

Executive Director  
 Oklahoma Bar Association  
 P. O. Box 53036  
 Oklahoma City, OK 73152  
 FAX: (405) 416-7001 / debbieb@okbar.org

**DEADLINE: September 1**

This is to certify that the following named persons are active or senior members of the \_\_\_\_\_ County Bar and have been duly elected by the active and senior members of the bar of said county as its delegates/ alternates to the House of Delegates of the Oklahoma Bar Association: *(Pursuant to OBA Bylaws "A member shall be deemed to be a resident,... of the County in which is located his or her mailing address for the Journal of the Association."*  
***Therefore, the official address of your delegates and alternates must be located in the above County.)***

**DELEGATES**

1. Name:		OBA No.
City:	E-Mail or Fax	Phone
2. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
3. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
4. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
5. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
6. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
7. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
8. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
9. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
10. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
11. Name:		OBA No.
City:	E-Mail or Fax:	Phone:

**DELEGATES**  
**CERTIFICATION OF SELECTION- (Delegates Pg. 2)**

12. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
13. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
14. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
15. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
16. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
17. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
18. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
19. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
20. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
21. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
22. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
23. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
24. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
25. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
26. Name:		OBA No.
City:	E-Mail or Fax:	Phone:

**DELEGATES**  
**CERTIFICATION OF SELECTION-** (Delegates Pg. 3)

27. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
28. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
29. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
30. Name:		OBA No.
City:	E-Mail or Fax:	Phone:

ATTEST:

**APPROVED** this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Secretary, County Bar Association

\_\_\_\_\_  
 President, County Bar Association

This is to certify that the above named delegate(s) and alternate(s) are eligible to serve as member(s) of the House of Delegates of the Oklahoma Bar Association.

\_\_\_\_\_  
 JOHN MORRIS WILLIAMS  
 Executive Director / Custodian of Records

**Deadline - September 1**  
**ALTERNATES -- CERTIFICATION OF SELECTION (Alternates pg. 1)**

1. Name:		OBA No.
City:	E-Mail or Fax	Phone
2. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
3. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
4. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
5. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
6. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
7. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
8. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
9. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
10. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
11. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
12. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
13. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
14. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
15. Name:		OBA No.
City:	E-Mail or Fax:	Phone:

**ALTERNATES**  
**CERTIFICATION OF SELECTION (Alternates Pg. 2)**

16. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
17. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
18. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
19. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
20. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
21. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
22. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
23. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
24. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
25. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
26. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
27. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
28. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
29. Name:		OBA No.
City:	E-Mail or Fax:	Phone:
30. Name:		OBA No.
City:	E-Mail or Fax:	Phone: