

IN THE SUPREME COURT OF THE STATE OF OKLAHOMA

IN RE: Rules Creating and Controlling the Oklahoma Bar Association, Art. II §2(d) Reclassification to Active Membership-Showing Competence.) SCBD 5900

AFFIDAVIT FOR CHANGE OF CLASSIFICATION FROM ASSOCIATE TO ACTIVE MEMBER

STATE OF _____, COUNTY OF _____, SS:

I, _____, OBA No. _____, being first duly sworn, depose and state as follows:

- 1. That I was classified as an Associate Member of the Okla. Bar Assoc. on _____.
2. That at this time I elect to change my classification to that of an Active member and that I have been an Associate Member for two years or less.
3. That I am not presently engaged in the practice of law; that I have not practiced law during the time I have been classified as an Associate member, or otherwise violated the rules of the Association.

4. That I have resided at the following addresses since being granted Associate classification:

(If you need additional room, please attach a separate sheet.)

5. That since being granted Associate classification, I have been involved professionally in the following:

(If you need additional room, please attach a separate sheet.)

6. That I am no longer suffering from an illness, infirmity or other disability and am now able to engage in the practice of law as evidenced by the attached Doctor's statement, and am qualified for reclassification to active membership.

7. That I have read the above and foregoing statements, am familiar with the contents thereof, and that the statements therein contained are true and correct.

Dated: _____, 20____ (Signature)

(Street address) (City) (State) (Zip)

Phone: _____ / Fax: _____

Email: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

My Commission Expires:

Notary Public

Commission No: _____