OKLAHOMA BAR ASSOCIATION

APPLICATION FOR <u>ASSOCIATE</u> MEMBERSHIP

STATE OF .)	2
COUNTY O) S: F)	5.
	, OBA No	being first duly sworn, depose and
state as follo	DWS:	
1.	That I am presently an <u>Active</u> M Association.	lember in good standing of the Oklahoma Ba
2.	That, by reason of illness, infirmity or other disability, I am unable to engage actively in the practice of law <u>as evidenced</u> by the attached Doctor's Statement setting forth the nature of my illness, infirmity or other disability	
3.	That I request my classification be changed to that of an <u>Associate</u> Membe during the period of the continuance of such illness, infirmity or disability such classification entitling me to all the privileges and advantages of membership in the Oklahoma Bar Association except that I shall <u>not</u> engage in the practice of law during such period.	
Dated:	, 20	
		(Signature)
		Address
		City, State, Zip
		Phone
SUBSCRIBI 20	ED AND SWORN to before me	this day of
My Commis	sion Expires:	
Commission No.		(Notary Public)