

# REGISTRATION MAIL FORM or



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**YOU'RE ALMOST DONE!**  
**JUST TELL US A LITTLE BIT ABOUT YOURSELF**



FULL NAME \_\_\_\_\_ FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

PLEASE LIST YOUR E-MAIL ADDRESS; IT HELPS US KEEP IN TOUCH AND GET VALUABLE OBA INFORMATION TO YOU. PLEASE INDICATE IF YOUR OBA ROSTER INFORMATION SHOULD BE CHANGED TO THE ABOVE. \_\_\_\_\_

**ARE YOU AN OBA MEMBER?** YES ☐ NO ☐ OBA BAR # \_\_\_\_\_

CREDIT CARD  
☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

CREDIT CARD# \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CV# \_\_\_\_\_ SIGN. \_\_\_\_\_

☐ CHECK ENCLOSED MADE PAYABLE TO OKLAHOMA BAR ASSOCIATION

**TO REGISTER BY MAIL:** SEND A COPY OF THIS PAGE WITH PAYMENT TO:  
OBA/CLE, P.O. BOX 53036, OKC, OK 73152

**FAX THIS REGISTRATION** WITH YOUR CREDIT CARD  
INFORMATION TO: OBA/CLE REGISTRAR, 405.416.7092  
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