

# 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 / [marks@okbar.org](mailto:marks@okbar.org)

**DEADLINE: September 1, 2023**

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 delegate(s)/ alternate(s) to the **2023** 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 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:

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

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:
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:

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

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:

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.

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JANET K. JOHNSON  
Executive Director / Custodian of Records