

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

DEADLINE: May 1, 2024

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 **2024** 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:

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.

 JANET K. JOHNSON
 Executive Director / Custodian of Records