

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:
Sept. 1, 2025

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 delegates/ alternates to the **2025** 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	Email or Fax	Phone
2. Name		OBA No.
City	Email or Fax	Phone
3. Name		OBA No.
City	Email or Fax	Phone
4. Name		OBA No.
City	Email or Fax	Phone
5. Name		OBA No.
City	Email or Fax	Phone
6. Name		OBA No.
City	Email or Fax	Phone
7. Name		OBA No.
City	Email or Fax	Phone

**DELEGATES & ALTERNATES
CERTIFICATION OF SELECTION – Continued**

8. Name		OBA No.
City	Email or Fax	Phone
9. Name		OBA No.
City	Email or Fax	Phone
10. Name		OBA No.
City	Email or Fax	Phone
11. Name		OBA No.
City	Email or Fax	Phone
12. Name		OBA No.
City	Email or Fax	Phone
13. Name		OBA No.
City	Email or Fax	Phone
14. Name		OBA No.
City	Email or Fax	Phone
15. Name		OBA No.
City	Email or Fax	Phone
16. Name		OBA No.
City	Email or Fax	Phone
17. Name		OBA No.
City	Email or Fax	Phone

**DELEGATES & ALTERNATES
CERTIFICATION OF SELECTION – Continued**

18. Name		OBA No.
City	Email or Fax	Phone
19. Name		OBA No.
City	Email or Fax	Phone
20. Name		OBA No.
City	Email or Fax	Phone
21. Name		OBA No.
City	Email or Fax	Phone
22. Name		OBA No.
City	Email or Fax	Phone
23. Name		OBA No.
City	Email or Fax	Phone

ALTERNATES

1. Name		OBA No.
City	Email or Fax	Phone
2. Name		OBA No.
City	Email or Fax	Phone
3. Name		OBA No.
City	Email or Fax	Phone
4. Name		OBA No.
City	Email or Fax	Phone
5. Name		OBA No.
City	Email or Fax	Phone

**DELEGATES & ALTERNATES
CERTIFICATION OF SELECTION – Continued**

6. Name		OBA No.
City	Email or Fax	Phone
7. Name		OBA No.
City	Email or Fax	Phone
8. Name		OBA No.
City	Email or Fax	Phone
9. Name		OBA No.
City	Email or Fax	Phone
10. Name		OBA No.
City	Email or Fax	Phone
11. Name		OBA No.
City	Email or Fax	Phone
12. Name		OBA No.
City	Email or Fax	Phone
13. Name		OBA No.
City	Email or Fax	Phone
14. Name		OBA No.
City	Email or Fax	Phone
15. Name		OBA No.
City	Email or Fax	Phone
16. Name		OBA No.
City	Email or Fax	Phone
17. Name		OBA No.
City	Email or Fax	Phone
18. Name		OBA No.
City	Email or Fax	Phone
19. Name		OBA No.
City	Email or Fax	Phone
20. Name		OBA No.
City	Email or Fax	Phone

**DELEGATES & ALTERNATES
CERTIFICATION OF SELECTION – Continued**

21. Name		OBA No.
City	Email or Fax	Phone
22. Name		OBA No.
City	Email or Fax	Phone
23. Name		OBA No.
City	Email 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