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, 2026

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 **2026** 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