

**OKLAHOMA CRIMINAL DEFENSE LAWYERS
ASSOCIATION
2012 NEW MEMBER APPLICANT**

Name: _____ OBA# _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: (____) _____ Fax Number: (____) _____

**E-Mail Address: _____

**You will receive your copy of the "Gauntlet" and Hot Sheets by this email.
To receive these publications in printed form there is a \$15.00 yearly fee.

I would like my materials in printed form: yes no

If you do not have a Membership Certificate, or if you would like a replacement Certificate, please provide the following information.

Name as you wish it to appear on the Certificate: _____

Approximate Date of Membership (if known): _____

Dues Schedule (check appropriate category)

* Applications Accepted Pending Approval by OCDLA Board of Directors Pursuant to Article III sec 6 of OCDLA Bylaws

- | | |
|---|-------------------|
| <input type="checkbox"/> Sustaining Member | \$250.00 per year |
| <input type="checkbox"/> Regular Member (<i>Admitted OBA more than 3 years</i>) | \$115.00 per year |
| <input type="checkbox"/> Regular Member (<i>Admitted OBA less than 3 years</i>) | \$90.00 per year |
| <input type="checkbox"/> Public Defender | \$90.00 per year |
| <input type="checkbox"/> Affiliate Member | \$115.00 per year |
| <input type="checkbox"/> Student Membership | \$75.00 per year |

Law School _____ Expected Graduation Date _____

TOTAL AMOUNT ENCLOSED

\$ _____

CERTIFICATION:

I hereby certify that I am not a full time judicial officer or full time prosecutor and I am actively engaged in the defense of criminal cases.

Signature

Date

PAYMENT METHOD

Check payable to OCDLA enclosed. Bill credit card.

CREDIT CARD INFORMATION: VISA MASTERCARD AMEX DISCOVER (circle one)

Account number: __/__/__/__-__/__/__/__-__/__/__/__-__/__/__/__ Exp Date __/__/__

Signature: _____

MAIL COMPLETED FORM AND PAYMENT TO:

OCDLA--P.O. Box 2272
Oklahoma City, OK 73101-2272
or fax to 405-212-5024