

OKLAHOMA CRIMINAL DEFENSE LAWYERS ASSOCIATION RENEWAL MEMBERSHIP FORM

PLEASE CHECK THE INFORMATION BELOW FOR ACCURACY

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

- | | |
|---|-------------------|
| <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

2

Please Renew My Membership For 2012. My Payment Is As Follows:

Check—Check Number _____ In The Amount Of _____

Credit Card

Visa Mastercard Amex Discover

Credit Card # _____ Expiration Date ____/____/____

FAX TO: 405-212-5024

OR MAIL TO: OCDLA

PO BOX 2272

Oklahoma City, OK 73101-2272