# OKLAHOMA CRIMINAL DEFENSE LAWYERS ASSOCIATION <br> RENEWAL MEMBERSHIP FORM 

PLEASE CHECK THE INFORMATION BELOW FOR ACCURACY

Name: $\qquad$ OBA\# $\qquad$
Address: $\qquad$
City: $\qquad$ State: $\qquad$ Zip: $\qquad$ County: $\qquad$
Telephone: $\qquad$ ) $\qquad$ Fax Number: ( $\qquad$ )

E-Mail Address*: $\qquad$
*Your Listserv invitation will be sent to this email as well editions of the Gauntlet \& Hot Sheets.

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:

## DUES SCHEDULE

[ ] Sustaining Member
[ ] Regular Member (Admitted OBA more than 3 years)
[ ] Regular Member (Admitted OBA less than 3 years)
[ ] Public Defender
[ ] Affiliate Member
[ ] Student Membership Law School Expected Graduation Date $\qquad$

## TOTAL AMOUNT ENCLOSED

\$ $\qquad$

Please Renew My Membership For 2019. My Payment Is As Follows:
[ ] Check-Check Number $\qquad$ In The Amount Of $\qquad$
[ ] Credit Card
$\square$ Visa $\square$ MasterCard $\square$ Amex $\square$ Discover
Credit Card \# $\qquad$ Expiration Date $\qquad$

Mail To: OCDLA
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