

**OKLAHOMA CRIMINAL DEFENSE LAWYERS  
ASSOCIATION  
2024 MEMBER APPLICATION/RENEWAL**

Name: \_\_\_\_\_ OBA# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

\*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:

\_\_\_\_\_ 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> ) | \$125.00 per year |
| <input type="checkbox"/> Regular Member ( <i>Admitted OBA less than 3 years</i> ) | \$100.00 per year |
| <input type="checkbox"/> Public Defender  | \$100.00 per year |
| <input type="checkbox"/> Affiliate Member   | \$125.00 per year |
| <input type="checkbox"/> Student Membership                                       | \$25.00 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. Also you have never been denied admission to practice by any state or federal bar or by any other licensing board or organization or by any professional organization. If you can not certify the above, contact us directly.

\_\_\_\_\_  
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**

**Fax to: 405-212-5024**

**Email to: bdp@for-the-defense.com**