**Send one copy each to the Membership Chair and the State Advisor by June 1st**

 Janice Barnett

 OHCE Membership Chair

 P.O. Box 526

 Haskell, OK 74436

 OHCE State Advisor

 139 Nancy Davis Randolph

 Oklahoma State University

 Stillwater, OK 74078-6111

**APPLICATION FOR 50-YEAR MEMBER CERTIFICATE**

NAME:

 *(print or type as you want it to appear on the certificate)*

ADDRESS:

CITY: STATE: ZIP:

COUNTY: GROUP:

YEARS OF MEMBERSHIP: YEAR FIRST JOINED:

SPECIAL INFORMATION YOU MIGHT WANT TO INCLUDE:

Will you be attending the OHCE State Meeting? Yes No

Date:

Signature:

This application is for recognition at the state OHCE meeting.

**(Please remember that a member should only be recognized one time at the State OHCE Meeting for being a 50-year member.)**

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 Janice Barnett

 OHCE Membership Chair

 P.O. Box 526

 Haskell, OK 74436

 OHCE State Advisor

 139 Nancy Davis Randolph

 Oklahoma State University

 Stillwater, OK 74078-6111

**APPLICATION FOR 50-YEAR GROUP CERTIFICATE**

GROUP:

*(print or type as you want it to appear on the certificate)*

ADDRESS:

CITY: STATE: ZIP:

COUNTY: GROUP:

YEAR ORGANIZED: CONTACT PERSON:

 (County President)

SPECIAL INFORMATION YOU MIGHT WANT TO INCLUDE:

Will a representative be attending the OHCE State Meeting? Yes No

Date:

Signature:

**(Please remember that a group should only be recognized one time at the State OHCE Meeting for being a 50-year group.)**

**Send one copy each to the Membership Chair and the State Advisor by June 1st**

 Janice Barnett

 OHCE Membership Chair

 P.O. Box 526

 Haskell, OK 74436

 OHCE State Advisor

 139 Nancy Davis Randolph

 Oklahoma State University

 Stillwater, OK 74078-6111

**APPLICATION FOR 60-YEAR MEMBER CERTIFICATE**

NAME:

 *(print or type as you want it to appear on the certificate)*

ADDRESS:

CITY: STATE: ZIP:

COUNTY: GROUP:

YEARS OF MEMBERSHIP: YEAR FIRST JOINED:

SPECIAL INFORMATION YOU MIGHT WANT TO INCLUDE:

Will you be attending the OHCE State Meeting? Yes No

Date:

Signature:

This application is for recognition at the state OHCE meeting.

**(Please remember that a member should only be recognized one time at the State OHCE Meeting for being a 60-year member.)**

**Send one copy each to the Membership Chair and the State Advisor by June 1st**

 Janice Barnett

 OHCE Membership Chair

 P.O. Box 526

 Haskell, OK 74436

 OHCE State Advisor

 139 Nancy Davis Randolph

 Oklahoma State University

 Stillwater, OK 74078-6111

**APPLICATION FOR 70-YEAR MEMBER CERTIFICATE**

NAME:

 *(print or type as you want it to appear on the certificate)*

ADDRESS:

CITY: STATE: ZIP:

COUNTY: GROUP:

YEARS OF MEMBERSHIP: YEAR FIRST JOINED:

SPECIAL INFORMATION YOU MIGHT WANT TO INCLUDE:

Will you be attending the OHCE State Meeting? Yes No

Date:

Signature:

This application is for recognition at the state OHCE meeting.

**(Please remember that a member should only be recognized one time at the State OHCE Meeting for being a 70-year member.)**