**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.)**

**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 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.)**