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

 Linda Swindler OHCE State Advisor

 OHCE Membership Chair 135 Human Sciences

 PO Box 1007 Oklahoma State University Mooreland, OK 73852 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 April 1st**

 Linda Swindler OHCE State Advisor

 OHCE Membership Chair 135 Human Sciences

 PO Box 1007 Oklahoma State University Mooreland, OK 73852 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 April 1st**

 Linda Swindler OHCE State Advisor

 OHCE Membership Chair 135 Human Sciences

 PO Box 1007 Oklahoma State University Mooreland, OK 73852 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 April 1st**

 Linda Swindler OHCE State Advisor

 OHCE Membership Chair 135 Human Sciences

 PO Box 1007 Oklahoma State University Mooreland, OK 73852 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.)**