# **Group and Member Certificate Application**

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

*Recognition is in ten-year increments*

Dorothy Burks

OHCE Membership Chair

[dcburksnana@gmail.com](mailto:dcburksnana@gmail.com)

119 Farris Pl.

Chickasha, OK 73018

OHCE State Advisor

(Preferred), [fcs.extension@okstate.edu](mailto:fcs.extension@okstate.edu)

135 Nancy Davis Randolph

Oklahoma State University

Stillwater, OK 74078-6111

## **Application for** **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:

Yes  No  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***