# **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

 119 Farris Pl.

 Chickasha, OK 73018

 OHCE State Advisor

 (Preferred), 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***