# **Group and Member 50, 60, 70 Year Certificate Application**

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

*Recognition is in ten-year increments*

 **OHCE Membership Chair** **OHCE State Advisor**

 Dorothy Burks (Preferred), [fcs.extension@okstate.edu](fcs.extension%40okstate.edu)

 119 Farris Pl. 135 Nancy Randolph Davis

 Chickasha, OK 73018 Oklahoma State University

 dcburksnana@gmail.com 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:

Year Group Organized:       Contact Person:

 (County President)

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***