Dee Porter OHCE Membership Chair 1211 W. Osage Stillwater, OK 74075 OHCE State Advisor 135 Human Sciences Oklahoma State University Stillwater, OK 74078-6111

# APPLICATION FOR 50-YEAR MEMBER CERTIFICATE

NAME					
NAME(print or type	e as you want it to	appear o	n the certificat	te)	
ADDRESS					
CITY	STATE	ZIP			
COUNTY	GROUP _				
YEARS OF MEMBERSHIP		YEAR F	IRST JOINEI	)	
SPECIAL INFORMATION Y	YOU MIGHT WA	ANT TO I	NCLUDE:		
Will you be attending the OH	CE State Meeting	g?	Yes	No	)
Date	_				
Signature					
This application is for	r recognition at th	e state OF	ICE meeting.		

(Please remember that a member should only be recognized one time at the State OHCE Meeting for being a 50-year member.)

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# APPLICATION FOR 50-YEAR GROUP CERTIFICATE

GROUP					
GROUP(print or ty	pe as you want it to	o appear on the	certificate)		
ADDRESS					
CITY	STATE	ZIP			
COUNTY					
YEAR ORGANIZED	CONTACT	PERSON:	(County	President)	
SPECIAL INFORMATION	N YOU MIGHT WA	ANT TO INCLU	JDE:		
Will a representative be att	ending the OHCE S	tate Meeting?_	Yes _	No	
Date	<u></u>				
Signature					
(M)					

(Please remember that a group should only be recognized one time at the State OHCE Meeting for being a 50-year group.)

Dee Porter OHCE Membership Chair 1211 W. Osage Stillwater, OK 74075 OHCE State Advisor 135 Human Sciences Oklahoma State University Stillwater, OK 74078-6111

# APPLICATION FOR 60-YEAR MEMBER CERTIFICATE

NAME					
NAME(print or type	e as you want it to	o appear on	the certificat	e)	
ADDRESS					
CITY	STATE	ZIP _			
COUNTY	GROUP				
YEARS OF MEMBERSHIP		YEAR FI	RST JOINED	)	
SPECIAL INFORMATION	YOU MIGHT WA	ANT TO IN	ICLUDE:		
SI Lente har older thora	roo wiidiir wa	nvi ion	CLODE.		
Will you be attending the OH	CE State Meeting	g?	Yes	No	
Date	_				
Signature					
This application is fo	r recognition at th	na stata ∩⊔	CE mosting		
This application is to	i recognition at th	ic state Off	CL meening.		
(Dlagge were each ou that a made	bb131	lv. b o wos	<b>:</b> d 42	4 4 h . C4 -	4

(Please remember that a member should only be recognized one time at the State OHCE Meeting for being a 60-year member.)

Dee Porter OHCE Membership Chair 1211 W. Osage Stillwater, OK 74075 OHCE State Advisor 135 Human Sciences Oklahoma State University Stillwater, OK 74078-6111

# APPLICATION FOR 70-YEAR MEMBER CERTIFICATE

NAME					
NAME(print or type	as you want it to	appear or	n the certificate	2)	
ADDRESS					
CITY	STATE	ZIP _			
COUNTY	GROUP _				
YEARS OF MEMBERSHIP		YEAR F	IRST JOINED		
SPECIAL INFORMATION Y	YOU MIGHT WA	ANT TO I	NCLUDE:		
Will you be attending the OH	CE State Meeting	g?	Yes	No	
Date					
Signature					
This application is for	recognition at the	e state OH	ICE meeting.		

(Please remember that a member should only be recognized one time at the State OHCE Meeting for being a 70-year member.)