

Send one copy each to the 50-Year Member Chair and the State Advisor by April 1st

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 _____
(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.)

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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.)

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Dee Porter
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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.)

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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 _____
(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.)