

OKLAHOMA ASSOCIATION FOR JUSTICE

323 N.E. 27th Street, Oklahoma City, OK 73105 • 405/525-8044 • Fax 405/528-2431 • www.okforjustice.org

Membership Application *(please type or print)*

Name _____ OBA# _____

Firm _____ Date of Bar Admission _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ E-mail _____

Name of Recruiting Member _____

Primary area(s) of practice

1. _____ 2. _____ 3. _____

*Law Student Information

Law School _____ Anticipated Graduation Year _____

- | | | | |
|------------------------------------|---|---|--|
| Membership Category | <input type="checkbox"/> Student \$30 | <input type="checkbox"/> Judicial \$80 | <input type="checkbox"/> Assoc. Member \$80 |
| <i>Regular Membership:</i> | <input type="checkbox"/> 1-2 yrs. \$100 | <input type="checkbox"/> 3-4 yrs. \$200 | <input type="checkbox"/> 5+ yrs. \$500 |
| <i>Special Regular Membership:</i> | <input type="checkbox"/> Advocate \$1,000 | <input type="checkbox"/> Sustaining \$1,500 | <input type="checkbox"/> President's Club \$5,000
<small>Minimum portion to OAJ \$2,500</small> |
| Remittance Preference | <input type="checkbox"/> Annually | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Monthly |
| Method of Payment | <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Invoice |

Pre-Authorized Payment Agreement *(Please complete preauthorization for Automatic Bank Drafts and Credit Card Payments)*

Automatic Bank Draft

Member/Firm Name _____ SS# or Federal ID# _____

I (We) hereby authorize the Oklahoma Association for Justice to initiate automatic

withdraw entries to my/our: *(Check one of the following):* **Checking Account** **Savings Account**

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA Routing # _____ Account # _____

Signature _____ Date _____

This authority is to remain in full force and effect until OAJ and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and manner as to afford OAJ and DEPOSITORY a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account(s) must comply with provisions of U.S. law.

I hereby direct and authorize the above named to transfer from my account as directed above, beginning (Month) _____, 2005.

Credit Card Agreement VISA MasterCard Discover AMEX *(a 3% service charge will be applied to credit card charges.)*

Cardholder Name _____

Card # _____ Exp. Date _____

Signature _____ Date _____

I hereby direct and authorize the above named to charge by credit card as directed above, beginning (Month) _____, 200 .

No person shall be eligible for, or continue his/her membership in this association who, for the most part, represents the defense of personal injury litigation.

Signature _____ Date _____