

ABATE of Oklahoma, Inc
Lifetime Membership Biography Form

Name of Nominee: _____

Form Submitted by _____ **of** _____ **Chapter**

The Year Nominee First Joined A.B.A.T.E. of Oklahoma _____

Membership in Chapter(s) _____

Charter Member: Yes No If “yes,” what Chapter? _____

Nominee’s Proudest ABATE of Oklahoma Achievement or Memory:

Leadership Position(s) in Local Chapter and/or at State Level

Position(s)/dates _____

Position(s)/dates _____

Position(s)/dates _____

4 Best Personal Qualities (according to Chapter Brothers/Sisters)

1.) _____

2.) _____

3.) _____

4.) _____

Best known in his/her Chapter for: _____

Anything else the Nominating Chapter would like to share?

Please use the back of this sheet or additional paper, if needed.