

**ABATE of Oklahoma, Inc**  
**Lifetime Membership Nomination Form**

**Nominee** \_\_\_\_\_

**Chapter** \_\_\_\_\_

**Nominated by:** \_\_\_\_\_

**Date** \_\_\_\_\_

**REQUIREMENTS**

**1. 15+ year member in good standing with ABATE of Oklahoma.**

Nominee Signature: \_\_\_\_\_

State Membership Coordinator Signature / date \_\_\_\_\_

**2. Held Leadership Position in Local Chapter and/or at State Level**

Position(s)/dates \_\_\_\_\_

Position(s)/dates \_\_\_\_\_

Position(s)/dates \_\_\_\_\_

Nominee Signature: \_\_\_\_\_

Chapter or State Verification Signature / date \_\_\_\_\_

**3. Must attend the Oklahoma S.M.I.L.E Awards Ceremony**

Nominee Signature: \_\_\_\_\_