# Oklahoma Health Lawyers Association
# Application for Membership

I hereby make application for membership in the Oklahoma Health Lawyers Association. I represent that I am a licensed and practicing attorney in good standing with the Oklahoma Bar Association.

I represent that I am eligible for membership in the Oklahoma Health Layers Association because I am a practicing attorney:

(1) Who devotes a substantial portion of my practice to the representation of one or more health care providers, such as hospitals, hospital affiliates, outpatient facilities, nursing homes, HMO's PPO's, physicians, physician groups, health institutes and foundation, health-related trade association, health-related educational institutions, health agencies and similar organizations or individuals who are employed by such provider; and

(2) Who is and will be committed to improving the quality of the practice of law and the rendition of health care services in Oklahoma through continuing education and similar means, to include support of such activities of the association.

_____

Name

_____

Name of Firm

_____

Address Phone

_____

City State Zip

_____

Email address

_____

Signature Date

An applicant may be admitted to membership at any time during the years upon paying annual dues. Check should be made payable to the Oklahoma Health Lawyers Association.

Annual Dues in the amount of $25.00 are enclosed.

Return to: Foundation for a Healthy Oklahoma
PO Box 270055
Oklahoma City, OK 73101-0027