

ONBA # _____



THE SUPREME COURT OF THE OSAGE NATION

**1333 Grandview
Pawhuska, OK 74056**

Phone: 918-287-5401

Fax: 918-287-5574

**Affidavit for enrollment as an attorney licensed to practice law before all courts of
the Osage Nation.**

I, _____, Attorney at Law, hereby
apply for my name be added to the roll of attorneys licensed to practice before all courts of
the Osage Nation as a member of the Osage Nation Bar Association.

Name: _____

() I am an enrolled member of the Osage Nation.

Address: _____

Phone: _____ Fax: _____

E- Mail: _____

() Please direct correspondence to my email address, which I agree to keep updated.

Areas of specialty _____

Bar memberships in other jurisdictions including numbers and bar contact information:

Jurisdiction	Bar Number	Contact Information
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Name of Law School Attended: _____

Graduation Year: _____

By submitting this application, I acknowledge that I am consenting to the jurisdiction of the Osage Nation of Oklahoma. I am responsible for keeping my membership current by paying annual dues and providing updated contact information to the Supreme Court Clerk.

I certify that I am an attorney in good standing with all other jurisdictions in which I am admitted to practice law.

- () Please include me on the courtesy list of attorneys provided to court customers.
() I am interested in serving as an officer of the ONBA, which is a voluntary position.
() I am interested in serving as an investigative officer for attorney discipline cases, which is a contract position with the Judicial Branch.
() I am interested in serving as a public defender () Guardian ad Litem () conflict counsel for court-appointed attorneys (), which is a contract position with the Judicial Branch.

Respectfully submitted under penalty of perjury under the laws of the Osage Nation of Oklahoma and the State of Oklahoma this _____ day of _____, 20____.

****DO NOT SIGN UNTIL INSTRUCTED TO DO SO BY A NOTARY PUBLIC****

Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____