

**IN THE SUPREME COURT OF
THE KAW NATION**

IN RE: The renewal Application of:) FOR RENEWAL OF MEMBERSHIP
) TO THE BAR ASSOCIATION
) OF THE KAW NATION:
_____) KNBA NO. _____

RENEWAL APPLICATION

I do hereby make application for renewal of membership to the Bar of the Kaw Nation and in support of this application represent that the answers to the following questions are correct:

(Type or Print Legibly)

- 1.) Full Legal Name: (Mr./Mrs./Ms.) _____
- 2.) Date of Birth: _____ / _____ / _____
- 3.) Name of Firm: _____
- 4.) Firm Information:
 - a. Address: _____
 - b. Phone Number: _____
 - c. Fax Number: _____
 - d. E-mail: _____
- 5.) Residence Address: _____

(For questions 6-7, if you answer yes, please attach an explanation of the situation and/or charge)

- 6.) Have you been part of any legal proceedings, civil or criminal, charging you with moral turpitude, or the commission of any crime? ____ Yes
____ No
- 7.) Have any proceedings been instituted against you in any Court, before any

administrative body, any Bar Association, or before any grievance committee? ____ Yes ____ No

- 8.) As a continued member of Kaw Nation Bar Association, the applicant agrees to submit to the jurisdiction of Kaw Nation Courts and be subject to contempt powers of the Courts.
- 9.) A non-refundable Twenty-Five Dollar (\$25.00) renewal fee is payable upon admission.

Dated this ____ day of _____, 20____.

Signature of Applicant

Please send your application, **Certificate of Good Standing** and payment of \$25.00 to:

Court Clerk
698 Grandview Dr
Kaw City, OK 74641
Telephone (580) 269-2552 x 111
Fax (580) 269-2109
Email courtclerk@kawnation.gov

We can accept payment via cash, check, money order, or credit/debit card.

THANK YOU!

If you wish to pay via credit/debit card, please fill out the following information.
There is a \$1.03 charge to use this method.

Name on Card: _____
Card Number: _____
Expiration Date: _____
CVV Code: _____
Zip Code Used for Card's Billing Address: _____