Oklahoma Bankers 2024 Hall of Fame Nomination for Membership Form

Name of Nominee	:				
	(First Name)	(MI)		(Last Name)	
Current Title (if ap	plicable) and Ban	ık Affiliation (if any):		
Current Address: _	Street		City	State	Zip
	Sheet		City	State	Zip
Telephone:					
Nominee Email: _					
Nominator's Name					
Bank Affiliation:	(First)	(MI)		(Last)	
Nominator's Addre					-
	Street		City	State	Zip
Nominator's Prefer	red Telephone N	umber:		_	
Nominator's Prefer	rred Email Addres	s:			