



ON Bar #: \_\_\_\_\_

**THE SUPREME COURT OF THE OSAGE NATION**

1333 Grandview  
Pawhuska, OK 74056

Phone: 918-287-5401

Fax: 918-287-5574

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

I, \_\_\_\_\_, Attorney at Law, hereby apply for membership in the Bar of the Osage Nation and request my name be added to the roll of attorneys licensed to practice before all courts of the Osage Nation.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Are you an enrolled member of the Osage Nation?     Yes     No

What are your areas of specialty? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bar memberships including numbers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Schools and Universities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Respectfully submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature