

TAFCE
50 YEAR MEMBER APPLICATION FOR CERTIFICATE

NAME: _____
(print or type EXACTLY as you want it to appear on certificate)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Contact Name _____ Phone: _____

REGION: _____ COUNTY: _____

CLUB: _____

YEARS OF MEMBERSHIP: _____ YEAR FIRST JOINED: _____

HIGHLIGHTS OF MEMBERSHIP:

SIGNATURE _____

County Due Date: _____ Counties send directly to State Chairperson by July 1st