TAFCE

50 YEAR MEMBER APPLICATION FOR CERTIFICATE

NAME: _____

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

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REGION: _____

COUNTY: _____ CLUB: _____

YEARS OF MEMBERSHIP: _____ YEAR FIRST JOINED: _____

HIGHLIGHTS OF MEMBERSHIP:_____

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SIGNATURE: _____

DATE: _____

(Revised 2005)

County Due Date: _____ (Counties send directly to State Chairperson by August 1st)