

50 YEAR MEMBERS

COUNTY APPLICATION FOR FIFTY YEAR MEMBERSHIP CERTIFICATE

NAME OF COUNTY _____ DISTRICT _____ DATE _____

Below are listed the names of members in our county who will be 50 year members of Illinois Association for Home and Community Education this year. [Members who have not previously received this certificate.]

NAMES ~~ **Please print or type given name [not Mrs. James Jones]**

1. _____

Please duplicate this form before filling out and mailing – this same form will be used each year. *Fill out and duplicate for your records.* Then mail to the IAHCE SECOND VICE PRESIDENT.

Names received after POSTMARK DATE OF JANUARY 31ST may be kept and given out the next the year.

Mail form to the **IAHCE SECOND VICE PRESIDENT** whose name and address is listed on page 1 of this Guidebook.