

TAFCE 50 YEAR MEMBER APPLICATION FOR CERTIFICATE

NAME: _____

(print legibly 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: _____

Signature of Applicant: _____ Date: _____

Person to Contact if other than applicant: _____

Contacts information: Phone: _____ Cell: _____

Email: _____

Revised: January 2022

