

**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: \_\_\_\_\_  
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SIGNATURE \_\_\_\_\_

County Due Date: \_\_\_\_\_ Counties send directly to State VP for Programs Pam Sites by  
July 1st)

(Revised 2011)