

### 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

