



Wisconsin Association for Home and Community Education, Inc.

Application for 50 Year Member Certificate

Please send request for certificates at least one month prior to the date needed.
Counties should send all requests for the year in one envelope.

Name _____
(Print or type exactly as you want it to appear on certificate.)

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Club: _____

Year First Joined: _____ Years of Membership: _____

Highlights of Membership: _____

Signature of person requesting certificate: _____

Please print name: _____

Name where certificate should be sent: _____

Address to send it to: _____

Date: _____ Certificate needed by: _____

RETURN THIS FORM TO WAHCE SECRETARY. Go to www.wahceinc.org for current secretary.