



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

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Signature of person requesting certificate: \_\_\_\_\_

Please print name: \_\_\_\_\_

Name where certificate should be sent: \_\_\_\_\_

Address to send it to: \_\_\_\_\_

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Date: \_\_\_\_\_ Certificate needed by: \_\_\_\_\_

RETURN THIS FORM TO STATE SECRETARY (Term 2014-2016):

Donna Zarovy  
WAHCE Secretary  
6207 203<sup>rd</sup> Avenue  
Bristol, WI 53104