



APPLICATION FOR

____ YEAR CLUB CERTIFICATE (25-50-60-75-80-90-100)

INDIANA EXTENSION HOMEMAKERS ASSOCIATION, INC.

CLUB NAME

YEAR ORGANIZED

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

COUNTY _____

DISTRICT _____

RETURN CERTIFICATE TO: _____

Phone _____

DATE YOU WISH TO RECEIVE THESE CERTIFICATES _____

THIS CERTIFICATE IS TO BE USED FOR RECOGNITION OF 25-50-60-75-80-90-100 YEAR CLUBS. ONLY CLUBS THAT HAVE PAID STATE DUES ARE ELIGIBLE FOR THIS HONOR.

PLEASE DUPLICATE THIS FORM AS NEEDED

RETURN TO: IEHA State President
Name and Address in Directory

PLEASE ALLOW THREE WEEKS FOR RETURN

Revised 2012