



**APPLICATION FOR**

**\_\_\_\_\_ YEAR MEMBER CERTIFICATE (25-50-60-75-80-85-90-95-100)**

Name \_\_\_\_\_  
Print or type **EXACTLY** as you want it to appear on certificate

County \_\_\_\_\_ District \_\_\_\_\_

Club Name \_\_\_\_\_

Year Joined \_\_\_\_\_

Return Certificate to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

DATE YOU WISH TO RECEIVE CERTIFICATE \_\_\_\_\_

**ONLY THOSE THAT HAVE PAID STATE DUES FOR A TOTAL OF THE NUMBER OF YEARS  
SELECTED ARE ELIGIBLE FOR THIS HONOR**

PLEASE DUPLICATE THIS FORM AS NEEDED

RETURN TO: IEHA State President  
Name and address in the Directory

**PLEASE ALLOW THREE WEEKS FOR RETURN**