

Due July 1, 2019
Pamela Sites
406 Regal Drive
Murfreesboro TN 37129

TAFCE
50 YEAR MEMBER APPLICATION FOR CERTIFICATE

NAME: _____
(Print or type EXACTLY as you want it to appear on certificate)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Contact Name _____ Phone: _____

REGION: _____ COUNTY: _____

CLUB: _____

YEARS OF MEMBERSHIP: _____ YEAR FIRST JOINED: _____

HIGHLIGHTS OF MEMBERSHIP: _____

SIGNATURE _____

County Due Date: _____ Counties send directly to State VP for Programs Pam Sites by
July 1st
(Revised 2011)