



Missouri Association For
Family & Community Education

**APPLICATION FOR
25-50-55-60-65-70 Etc. Year MEMBER/CLUB CERTIFICATE**

NAME _____

Print or type EXACTLY as you want it to appear on certificate

ADDRESS _____

CITY _____

STATE _____

ZIP _____

COUNTY _____

DISTRICT _____

CLUB _____

Years of Membership _____

Year First Joined _____

Highlights of Membership _____

Please, Include a Photo if possible, it will be returned.

Signature _____

Date _____

Return form to: Nancy Richmond, President
19497 Butterbaugh Ford Road
Sedalia, MO 65301-0107

Due: Postmarked APRIL 1st