



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: Mary Martens, President
11930 HWY 13
Richmond, MO 64085

DUE: POSTMARKED APRIL 1ST