

**WISCONSIN ASSOCIATION FOR
HOME AND COMMUNITY EDUCATION, INC.**

APPLICATION FOR 50-YEAR MEMBER CERTIFICATE

Name _____
(Print or type exactly as you want it to appear on certificate)

Address _____

City _____ State _____ Zip _____

County _____ Club _____

Year First Joined _____ Years of Membership _____

Highlights of Membership _____

Signature _____ Date _____

Sent In By: _____

Address _____

Due Date – September 29, 2006

Return to: UWEX Family Living
P. O. Box 2003
333 E. Washington St., Suite 1200
West Bend, WI 53095-2003