CERTIFICATION FORM

NATIONAL

TOP NEW MEMBER RECRUITER

Return No Later Than 8 May

Post Names: _____ District No:_____
Post Number:_____ Date:_____

TOP RECRUITER: Name:_____ ID Number: _____

Address:_____
City:_____ State:_____ Zip: _____

ENTER TOTAL NEW MEMBERS RECRUITED (Must be at least 5) ☐

New Members Name	New Member ID	New Members Name	New Member ID

NOTE: Mail completed form to Department Headquarters on or before May 8th

Revised 11/14