

MEMBERS HOLDING CERTIFICATE OF PROFICIENCY

As of March 31, _____ (Year)

Please include completed form with the 1st Quarterly Report as of March 31.

CHAPTER NAME AND NUMBER

DISTRICT

	NAME	NUMBER OF PROFICIENCY	DATE EXPIRES	ADDRESS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Chapter Seal

Secretary