



THE UNITED STATES JUNIOR CHAMBER®
Degrees of Jaycees
CERTIFICATION FORM

Revised 11/01

Name _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____

Fax _____ E-mail address _____

Degree level _____ Date achieved _____

Chapter name _____ Chapter number _____ State name _____

Chapter address _____

City _____ State _____ ZIP _____

Chapter President _____

Home phone _____ E-mail address _____

PLEASE RETURN THIS FORM TO THE STATE OFFICE.

List each activity and date completed to meet each requirement.

<u>Activities Completed</u>	<u>Date Completed</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

In order to complete degrees 2, 4, 6, 8, and 10, the participant is required to recruit one new member and enroll the member in Springboard in addition to the above requirements. If the participant is certifying for one of these degrees, complete the information requested below.

New member's name _____

Chapter name _____ Chapter number _____ State name _____

I.D. number _____ Springboard date _____

Chapter President's signature of verification _____