

Certification Form of Membership Status

To President of JSUM

Date of Issue: / /
(Year/Month/Day)

Applicant's Name:

Nationality:

Date of Birth:

Age:

I hereby certify that the abovementioned person is a member of our society,
which is affiliated with AFSUMB.

Full name (Printed) : _____

(Signature) : _____

Position (President • Secretary) (circle one)

Name of AFSUMB Affiliated Society: _____