

HONORARY LIFE MEMBERSHIP REQUEST FORM

The following listed FSA employee has retired and meets all the requirements for Honorary Life Membership and is being recognized as such by the _____ State Association:

Name and Address:

County Office Position Held at Retirement:

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The following FSA employee does not meet the present Honorary Life Membership requirements. The _____ State Association is requesting a waiver from the NASCOE Executive Committee according to Honorary Life Membership guidelines. The reason for a waiver is stated below:

Name and Address:

Reason for Waiver:

Certified By:

State Secretary/Treasurer
(include return address)

Please return form to:

Lynsey Brooks, NASCOE Membership Chair

By Email: nascoemembership@gmail.com