Jack and Jill of America, Incorporated

Tenure Completion Certificate Form

This document certifies that the mother and child(ren) below have completed their tenure in good standing with Jack and Jill of America, Incorporated and that the children listed below are eligible for all legacy privileges.

First Name		Middle Initi	
City	State	Zip	
ness Phone	Cell Phone		
Sex (M/F)	DOE	DOB (MM/DD/YY)	
Sex (M/F)	DOE	DOB (MM/DD/YY)	
Sex (M/F)	DOE	DOB (MM/DD/YY)	
Sex (M/F)	DOE	DOB (MM/DD/YY)	
Sex (M/F)	DOE	DOB (MM/DD/YY)	
-	-	orkday/Cluster	
Print Name	Date		
Print Name	Date	Date	
	Sex (M/F) Sex (M/F) Sex (M/F) Sex (M/F) Sex (M/F) OR Regional Convention OR the er membership tenure. (please ch	City State Cell Phone	

Please make four copies: Send original to National Headquarters, one copy to the Regional Secretary, one copy for Chapter records, one copy to the Associate Chair, and one copy to the mother.