



INDIANA EXTENSION HOMEMAKERS ASSOCIATION MEMBERSHIP REWARD FORM

Recruiting Member's Name Receiving Pin :

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

County Requesting Pins : _____ Date of Request : _____

Name and Address of County Contact Person :

Please copy and use this form when submitting your order by mail.

Allow two (2) weeks for delivery.

Bee Keeper Mailing Address :

Tracy Burns
8055 Caldwell Rd.
Connersville, In 47331-9501
765-478-9539
tcburns011@hotmail.com

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