

RECEIVED
 DEPARTMENT OF AGRICULTURE
 OFFICE OF THE SECRETARY
 WASHINGTON, D. C.

No. 100-100000
 Date of Issue
 Name of Person
 Address
 City
 State
 Zip

This is to certify that the above named person is a member of the
 National Association of Public Administrators and is entitled to the
 privileges and benefits of membership in said association. This
 certificate is valid for the term of years specified on the reverse
 hereof.

NAME	ADDRESS	CITY	STATE	ZIP
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
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81	82	83	84	85
86	87	88	89	90
91	92	93	94	95
96	97	98	99	100

I CERTIFY THAT THE ABOVE NAMED PERSON IS A MEMBER OF THE NATIONAL ASSOCIATION OF PUBLIC ADMINISTRATORS.

Signature of Secretary
 Date