



DEGREES OF JAYCEES CERTIFICATION FORM

State #

Chapter #

Participant's Name

(First Name)

Degree Level

- -

Date achieved

(Last Name)

- -

Participant's ID #

Chapter Name _____ State Name _____

Chapter Address _____

Chapter President _____ Phone # _____

To certify a participant in the Degrees of Jaycees program, complete the information below and return to The U.S. Jaycees, Management Development department, P.O. Box 7, Tulsa, OK 74121-0007.

List each activity and date completed to meet each requirement.

	List Activities Completed	Date Completed
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

In order to complete degrees 2,4,6,8 and 10, the participant is required to recruit and Springboard one new member in addition to the above requirements. If the participant is certifying for one of these degrees, complete the information requested below.

New Member's Name Chapter Name & Number ID Number Springboard Date

CHAPTER PRESIDENT'S SIGNATURE OF VERIFICATION _____