

Certificate No. ....

CERTIFICATE OF ACTIVENESS

This is to certify that .....(name)..... of .....  
State/District/Division is an active member of ..... Group since ..... years duly  
registered with the State/District Association.

Date:

(Name & Sign)

Group Leader (S/G)

(Name & Sign)

DOC (S/G)

(Name & Sign)

DC (S/G)

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