

_____ **DUES YEAR**

Arlington-Fairfax Chapter
Izaak Walton League of America

_____ **Hour Work**
Record

Name (Printed Legibly)	Member #	Phone #
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Has performed the following volunteer work:

Date:	Time/Tasks Worked:	Certified by: (Signature)	Certified by: (Printed Legibly)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Office Use Only: _____

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