

\_\_\_\_\_ **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:

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

For Office Use Only: \_\_\_\_\_

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_____	_____	_____	_____
_____	_____	_____	_____

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