

CERTIFICATE OF GOOD STANDING

This is to certify that _____ (Full Name), holder of
ID/Passport No. _____, is a member in good
standing of _____ (Organization/Institution Name).

Based on our records, the above-named individual has complied with all requirements and is
currently recognized as a member in good standing as of the date below.

Date Issued: _____

Membership No.: _____

Authorized Signature

(Name & Position)