

AW.8

CHIEF COMMISSIONER'S APPRECIATION CERTIFICATE REQUEST FORM



CERTIFICATE DETAILS

State:	Date to be printed on certificate: / /
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RECIPIENT DETAILS

Preferred Title:	Given Names:	Surname:
Address:		Membership No:
State:	Postcode:	Expiry: / /
Years of Membership:		(Must be greater than thirty years)
Current Position in Guiding:		

NOMINATED PERSON'S DETAILS

Preferred Title:	Given Name:	Surname:
Membership No:		Expiry: / /
Contact Number:		
Email:		
Current Position in Guiding:		

STATE OFFICE APPROVAL

Signature:	(State Commissioner or Delegate)	Date: / /
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NATIONAL OFFICE USE ONLY

Signature:	Date sent from National Office: / /
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Completed form to be forwarded to the National Office.