

# CHIEF COMMISSIONER'S CERTIFICATE OF APPRECIATION REQUEST FORM AW.8



## CERTIFICATE DETAILS

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

First Name:	Last Name:
State:	Membership No:
Postcode:	Expiry:
Years of Membership:	(Must be greater than thirty years)
Current role in Guiding:	

## NOMINATED PERSON'S DETAILS

First Name:	Last Name:
Membership number	Expiry:
Contact Number:	
Email:	
Current Position in Guiding:	

## STATE OFFICE APPROVAL

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

Signature:	Date sent from GGA:
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**Please send completed form to [guides@girlguides.org.au](mailto:guides@girlguides.org.au)**

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