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

GIRL GUIDES AUSTRALIA

CERTIFICATE DETAILS

State:	Date to be printed on certificate:

RECIPIENT DETAILS

First Name: Last Name:	
Adress: State & Postcode:	Membership No: 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)

NATIONAL OFFICE USE ONLY

Signature:	Date sent from GGA:

Please send completed form to guides@girlguides.org.au

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