

100% CLUB PRESIDENT 2018-2019

AWARD FORM

CLUB NAME _____

CLUB PRESIDENT _____

Please accept this application for 100% Club President for the above listed club. The signatures of the Club Secretary, a majority of the Board of Directors and the Zone Chair or Region Chair below verify that the Club President qualifies for this award.

SIGNATURES OF THE BOARD OF DIRECTORS:

CLUB SECRETARY: _____

SIGNATURE: _____ OFFICE: _____

SIGNATURE: _____ OFFICE: _____

SIGNATURE: _____ OFFICE: _____

SIGNATURE: _____ OFFICE: _____

SIGNATURE: _____ OFFICE: _____

SIGNATURE: _____ OFFICE: _____

SIGNATURE: _____ OFFICE: _____

SIGNATURE: _____ OFFICE: _____

SIGNATURE: _____ OFFICE: _____

SIGNATURE OF ZONE OR REGION CHAIR:

SIGNATURE: _____ TITLE: _____

Comments or explanations: