

100% CLUB SECRETARY 2018-2019

AWARD FORM

CLUB NAME _____

CLUB SECRETARY _____

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

SIGNATURE OF THE CLUB PRESIDENT

CLUB PRESIDENT: _____

OR

SIGNATURE OF A MAJORITY OF THE BOARD OF DIRECTORS:

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: