



## RECOMMENDATION FOR ACADEMY OF HONOR

Name of Candidate \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip+4 \_\_\_\_\_

Telephone \_\_\_\_\_

***I feel that this person deserves such an honor because (fill out either or both):***

(1) He/She has been a strong supporter of NAME and the hobby of miniatures shown by the following activities: \_\_\_\_\_

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(2) He/She is an outstanding craftsman in the area(s) of: \_\_\_\_\_

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My Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip+4 \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

### NOTE:

§ Criterion for membership in AOH specifies that a candidate must have been a member of NAME for at least three (3) consecutive years.

§ Please use additional pages to answer 1 and 2 if necessary.

§ All recommendation forms are due by February 1 for consideration the following Spring.

Please return completed forms by February 1 to:

Debbie Young, Chair  
Academy of Honor  
7323 53rd Street Ct. W  
University Place, WA 98467  
(916) 616-9658  
yngathrt@gv.net