



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: _____

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

My Name _____

Address _____

City/State/Zip+4 _____

Telephone _____

E-mail _____

NOTE:

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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:

Colleen Walker, Chairman
Academy of Honor
4212 Burton Road
Naples, FL 34104 (239) 649-7251
colliep@embarqmail.com