



# World Concertina Congress Certificate of Appreciation Nomination Application

This application must be completed for or by the nominee for World Concertina Congress Certificate of Appreciation consideration and endorsed by an existing World Concertina Congress Member. Please note, materials submitted will not be returned.

## Candidate Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Endorser's Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Endorser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Recommended by:

Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

