



# WORLD CONCERTINA CONGRESS CERTIFICATE OF APPRECIATION NOMINATION APPLICATION

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This application must be completed for, or by, the nominee for consideration of the World Concertina Congress Certificate of Appreciation and sponsored by an existing World Concertina Congress member and recommendations from two non-family members.

Please note, materials submitted will not be returned.

### Candidate Information:

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

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

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

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

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

### Sponsor Information:

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

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

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

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

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

**Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

