

APPLICATION FOR MEMBERSHIP GROWTH AWARD

Date: _____

From: Flotilla Commander, Flotilla _____

To: District Awards Committee Chair, Eighth Western Rivers

Via: Division Captain, Division _____
District Staff Officer for Personnel Services, Eighth Western Rivers

Subj: APPLICATION FOR MEMBERSHIP GROWTH AWARD

1. This is to certify that the records indicate that _____, EMPLID Number _____ has qualified for the Membership Growth Award by recruiting three or more members during the calendar year of 20____, who completed initial qualification and have been assigned a member number by the Director of Auxiliary.

New Member Name

Member Number

Approved: _____ Date: _____
Flotilla Commander, Flotilla _____

Approved: _____ Date: _____
Division Captain, Division _____

Approved: _____ Date: _____
DSO-PS, Eighth Western Rivers

DSO-PS forwards completed form to Awards Chair.

8WR FORM 97-02A, revised 3-02.