ACJA/LAE ADVISOR RECOGNITION FORM

Name: ____________________________________________  Chapter Affiliation: __________________________

Address*: ________________________________________

City, State, Zip: ____________________________________

Name of College/University: ________________________

*Please Note: Plaques must be shipped to a physical address, please do not list a P. O. Box.

PART I: (Check Accordingly)

☐ I would like to receive an "Advisor Certificate". (Note: Print or type your name as you would like it lettered on your certificate.)

Name: ____________________________  Date on Certificate: ______________ Mo/ Day/Year

☐ I am entitled to receive a Recognition Plaque for serving as a Chapter Advisor for the following:

☐ 5 Year Plaque  ☐ 20 Year Plaque

☐ 10 Year Plaque  ☐ 25 Year Plaque

☐ 15 Year Plaque  ☐ 26 or more

I have been an Advisor since (to engrave on the plaque): ______________ Month/Year

Mail or Fax all requests to:  Karen K. Campbell  
  Executive Secretary  
  PO Box 601047  
  Sacramento, CA  95860  
  (916) 484-6553     FAX (916) 488-2227

PART II:

☐ I wish a “Letter of Recognition” as Chapter Advisor to be sent to: (include name, title/position, and complete address of individual who should receive this letter; i.e., Dean, Provost, etc.)

Name__________________________________________

Address__________________________________________

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Advisor Recognition Form