



New York State Saengerbund Inc.

DEUTSCHER CHORVERBAND EHRENNADELN APPLICATION

www.nyssb.org

Please PRINT and allow at least four weeks response time.

www.nyssb.org



Archivist - Librarian Debbie Thomas 8143 Navona Lane, Clay, NY 13041 (315) 699-6612 norkspell@aol.com

(☒check one)

(☒check one)

Male ☐

Female ☐

Award for active singing 25 ☐ 50 ☐ 60 ☐ 70 ☐ years

First Name

Middle Initial

Last Name

Date to be presented

Member of (society)

(☒check one)

(☒check one)

Male ☐

Female ☐

Award for active singing 25 ☐ 50 ☐ 60 ☐ 70 ☐ years

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First Name

Middle Initial

Last Name

Date to be presented

Member of (society)

Please complete additional applications for additional singers.

I herewith certify that the above singers have fulfilled the requirements for receiving this award and that I am authorized to apply for these awards. Please PRINT.

Name _____ Signature _____

Title _____ Date _____

Society _____ Phone () _____

Address _____ E-Mail _____
Address _____

Grüß Gott mit hellem Klang  Heil deutschem Wort und Sang