



# New York State Sangerbund



## DEUTSCHER CHORVERBUND EHRENNADELN APPLICATION

[www.nyssb.org](http://www.nyssb.org)

Please PRINT and allow at least four weeks response time.

[www.nyssb.org](http://www.nyssb.org)

Archivist - Librarian **Debbie Thomas** 8143 Navonna Lane, Clay, NY 13041 (315) 699-6612 [norkspell@aol.com](mailto: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

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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 \_\_\_\_\_