



# New York State Sangerbund



## EHREN URKUNDE 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

Male  Female

()check one

Award for active singing 5  10  15  20  years

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

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

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

Date to be presented \_\_\_\_\_

Member of (society) \_\_\_\_\_

()check one

Male  Female

()check one

Award for active singing 5  10  15  20  years

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

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

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

Date to be presented \_\_\_\_\_

Member of (society) \_\_\_\_\_

()check one

Male  Female

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()check one

Male  Female

()check one

Award for active singing 5  10  15  20  years

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 \_\_\_\_\_

*Gruß Gott mit hellem Klang  Heil deutschem Wort und Sang*