

**Linda Katz AHIP First-time Applicant Award Application Form**

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| --- | --- | --- | --- | --- |
| **Last Name** | | **First Name** | | |
| **Current Address** | | **Permanent Address (optional)** | | |
| **E-mail** | **Daytime Phone** | | **Evening Phone** | **Best Time to Call** A.M. P.M. |
| **Employer’s Name** | | **Employer’s Address** | | |
| **Please mark the documentation which accompanies this application:**  Letter of Application  Proof of AHIP fee payment by applicant | | | | |
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| **Deadline: September 30, 2023** | | | | |
| **Return application form and accompanying documentation to:** [chair@libertymla.org](mailto:chair@libertymla.org) | | | | |
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| **I understand the conditions of the award and will serve on a Liberty Chapter Committee for a minimum of 1 calendar year.** | | | | |
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| **Signature of Applicant** | | **Date** | | |