

## 25- and 50-Year Membership Certificate Request Form



Please allow two weeks upon receipt at provincial office for processing

Recipient's full name (please print clearly)	iMIS number	Years of membership (including girl years)	
Area award adviser's name & e-mail/pho	one #		
Date certificate required (specific date, not A	ASAP)		
Month of presentation (will appear on certific	ate)		
Delivery method (check one)	Name, address & e-	Name, address & e-mail/phone #	
☐ Mail via Xpresspost to			
Courier to  (note that cost will be charged back to your a	area)		
☐ Pick up at provincial office by (at 3 <sup>rd</sup> floor volunteer pick-up desk)	Name & e-mail/pho	Name & e-mail/phone	
Additional instructions			
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Area award adviser's signature (if the position is vacant, Area Commissioner or her deputy must sign)			
Area	Date	Date	
end completed form to <b>committee assista</b> comassist@bc-girlguides.org) or fax (60	-	a e-mail	
FOR OFFICE USE ONLY WO#	Date received	٠	