

FELLOWS POINT VERIFICATION FORM

Use this form only in the absence of other confirming documentation, i.e. newsletters, chapter minutes, etc. Please use one (1) form for each position/event.

NAME_____

POSITION HELD

(or Name of Publication)

YEAR(s) OF SERVICE_____

NUMBER OF POINTS FOR SERVICE _____

• Have two Board Members **OR** the Chapter President who was on the Board when the position was held sign this form.

Board Member #1 Signature and Year of Service

Board Member #2 Signature and Year of Service

OR

Chapter President Signature and Year of Service