



# ACJ/LAE ADVISOR RECOGNITION FORM

Name: \_\_\_\_\_

Chapter Affiliation: \_\_\_\_\_

Address\*: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of College/ University: \_\_\_\_\_

**\*Please Note: Plaques must be shipped to a physical address, please do not list a P. O. Box.**

## PART I: (Check Accordingly)

I would like to receive an "Advisor Certificate". (Note: Print or type your name as you would like it lettered on your certificate.)

Name: \_\_\_\_\_ Date on Certificate: \_\_\_\_\_  
Mo/ Day/Year

I am entitled to receive a Recognition Plaque for serving as a Chapter Advisor for the following:

- |   |   |
|---|---|
| <input type="checkbox"/> 5 Year Plaque  | <input type="checkbox"/> 20 Year Plaque |
| <input type="checkbox"/> 10 Year Plaque | <input type="checkbox"/> 25 Year Plaque |
| <input type="checkbox"/> 15 Year Plaque | <input type="checkbox"/> 26 or more     |

I have been an Advisor since (to engrave on the plaque): \_\_\_\_\_  
Month/Year

**Mail or Fax all requests to:** Karen K. Campbell  
Executive Secretary  
PO Box 601047  
Sacramento, CA 95860  
(916) 484-6553 FAX (916) 488-2227

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## PART II:

I wish a "Letter of Recognition" as Chapter Advisor to be sent to: (include name, title/position, and complete address of individual who should receive this letter; i.e., Dean, Provost, etc.)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_