

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

|  |  |
| --- | --- |
| **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 ApplicationProof of AHIP fee payment by applicant  |
|  |
| **Deadline: September 30, 2023** |
| **Return application form and accompanying documentation to:** chair@libertymla.org |
|  |
| **I understand the conditions of the award and will serve on a Liberty Chapter Committee for a minimum of 1 calendar year.**  |
|  |
| **Signature of Applicant**  | **Date**  |