

# P.G.I. RECOGNITION FORM

NAME OF CLUB: \_\_\_\_\_ NO.: \_\_\_\_\_

NAME OF MEMBERS	MBR #	LEVEL	DATE
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

CERTIFIED BY:

\_\_\_\_\_ OR \_\_\_\_\_  
 President's Signature (Levels I - VII)      Secretary-Treasurer's Signature (Levels I-VII)  
 Governor's Signature (Levels VIII-X)      OR Lieutenant Governor's Signature (Levels VIII-X)

**THIS FORM MUST BE SENT BY THE  
 ABOVE CERTIFYING OFFICIAL TO  
 THE DISTRICT DIRECTOR OF  
 PERSONAL GROWTH**

