



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