



The President's Lifetime Achievement Award

Applicant's Name:

Applicant's e-mail:

Lodge Name & Number submitting Application:

Total Number of Volunteer Hours (Must meet or Exceed 4,000 Hours):

Attest and Description of Service

I attest that the applicant nominated has completed the number of volunteer hours as noted above. (Hours are not limited to *Elk's* Charity works but include all volunteer work done by the nominee).

The nominee is an Elk _____ is not an Elk__.

I attest the applicant is a United States citizen or lawful permanent resident. The Lifetime Achievement Award is an honor bestowed only to U.S. citizens or lawful permanent residents. As a certifying organization nominator, I have verified each Lifetime Achievement Award recipient is a U.S. citizen or lawful permanent resident. If you have not verified legal resident or citizen status, you will not be able to order a Lifetime Achievement Award for this individual. Reviewing one's social security card, passport or green card will suffice if you are not sure how to check this requirement.

I attest the applicant is not a registered sex offender. It is crucial that all Lifetime Achievement Award recipients exhibit characteristics that honor the Office of the President of the United States; therefore, one should not be listed on the National Sex Offender Registry. As a certifying organization nominator, I have verified this Lifetime Achievement Award recipient is not listed on the [National Sex Offender Registry](#). If the recipient is listed for any reason, he/she is not eligible for a Lifetime Achievement Award and will need to be removed from this application.

Describe in 3-5 typed sentences as to how the recipient earned the Lifetime Achievement Award:

Signature of Individual Certifying Hours, Citizenship, and Non-Inclusion in the National Registry.

State Association Chairpersons Approval and Certification of Applicant Information

I, the undersigned State Chair, have reviewed the application and confirmed that the nominator has verified the above information.

I, the undersigned State Chair, approve the above application and request that that award be sent to:

Signature of State Chairperson:

Completed Application should be mailed to:

Rick Gale
Assistant National Director
Elks Drug Awareness Program
247 Clifden Drive
Bozeman, MT 59718