

Lifetime Blue Ribbon Affiliate Application

1. APPLICANT INFORMATION

_____	_____		
FULL NAME	COMPANY		
_____	_____		
COMPANY ADDRESS/ SUITE #	CITY	STATE	ZIP
_____	_____		
WORK PHONE/EXT #	FAX	MOBILE PHONE	
_____	_____		
WEBSITE	EMAIL ADDRESS		

2. REQUIREMENT

To obtain your Lifetime Blue Ribbon, you must meet **ONE** of the following criteria:

- Served as Affiliate Committee Chair for a full, one (1) year term. _____
SEVRAR STAFF INITIALS
- Active member of the SEVRAR Affiliate Committee for ten (10) years. _____
SEVRAR STAFF INITIALS
- Served as Affiliate Director of the Board of Directors for a full, two (2) year term. _____
SEVRAR STAFF INITIALS
- Served as President of the Board of Directors for a full, one (1) year term. Must have dual membership to qualify. _____
SEVRAR STAFF INITIALS

2. SIGNATURE

Applicants meeting all the listed requirements must complete and submit the application for approval. Applicants must be SEVRAR members in good standing at the time of application. For more information on obtaining AND maintaining the Lifetime Blue Ribbon Affiliate status, please visit www.sevvar.com.

- I have read the above statement and understand and agree to the terms.

_____	_____
AFFILIATE MEMBER SIGNATURE	DATE

3. ADHERE TO THE LIFETIME BLUE RIBBON PLEDGE

The Lifetime Blue Ribbon Pledge

In recognition of my SEVRAR Lifetime Blue Ribbon Affiliate award, I promise to mentor members of the Affiliate Committee, participate in meetings and events as needed, and lead by example. I will always keep the values of our Association to the highest of standards.



4. EMAIL COMPLETED FROM TO: BTHORNTON@SEVRAR.COM