

P.G.I. RECOGNITION FORM

NAME OF CLUB: _____ NO.: _____

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

CERTIFIED BY:

President's Signature (Levels I - VII) OR 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**