Kin Canada
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Hal Rogers Fellow
Nominee Application

Please ensure the nominee has met the criteria for a Hal Rogers Fellow (attached) prior to submission of application. Payment must be received with the application.

Hal Rogers Fellow nominee:

Name: _____ Phone: _____

Address: _____ Email: _____

_____ Postal Code: _____

If approved, will the nominee be made aware of the honour prior to presentation? ☐ Yes ☐ No

Nomination made by: ☐ Self **OR**

Kinsmen, Kinette, Kin Club of: _____ District: ___ Zone: _____

Club Contact: _____ Phone: _____

Position in Club: _____ Email: _____

Proposed date and location of presentation: _____

1. Describe in detail why you or your club feel the nominee should receive a Hal Rogers Fellow award. Please provide as much information as possible. (Attach another page if necessary.)

_____

_____

_____

_____

_____

_____

2. What significant contributions has the nominee made to the Association and/or to their community (local, provincial, national or international)? (Attach another page if necessary.)

_____

_____

_____

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3. List other awards or positions this person has received or held, either in Kin or elsewhere. (Attach another page if necessary.)

FOR OFFICE USE ONLY

Date application received: _____

Date application processed: _____

Method of payment received: _____

Certificate Number: _____

Signed: _____

Date: _____

Additional Comments:

Completed applications should be sent by email to: kincanadafoundation@gmail.com

Hard copy versions and payment by cheque may be mailed to:
Kin Canada Foundation, 1920 Hal Rogers Drive, P.O. Box 3460, Cambridge, ON, N3H 5C6.

Donations must accompany your application. Cheques should be made payable to Kin Canada Foundation.
Visa or MasterCard payment can be made by contacting:
Carmen Preston, 1-800-742-5546 (1-800-PICK-KIN), ext 205.