

APPA Fellowship Degree Credit Form

I claim fellowship credits for the following:

	Date Earned	Event	Category	# of Credits
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

Name _____
Address _____
City _____ State _____ Zip _____
E-Mail Address _____

I verify that the credits I am claiming are true and correct.

Signature _____ Date _____

Credits should be turned in to the Executive Secretary by the end of the year in which they are earned.

Mail to:

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