



Kansas FFA Alumni Golden Service Application

Application must be postmarked by **December 1** to:
Bob Atkisson, Kansas FFA Alumni, 115 J Road, Stockton KS 67669

GENERAL INFORMATION

Name of Affiliate: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Contact Person: _____
 Phone: _____ E-mail Address: _____
 Report for the year beginning _____ and ending _____
 Number of members: Annual _____ Life _____

PLEASE NOTE:

To receive the Golden Service your Affiliate **MUST** have activities in at least **THREE (3)** of the six areas.
 An activity may be listed only **ONCE**.

Division 1

List an instructional activity conducted for agricultural education and/or supervised agricultural experience programs of students:

	# Alumni Participants	# FFA Participants	\$ Value or # Hours

Division 2

List an activity conducted in cooperation with the FFA Chapter.

	# Alumni Participants	# FFA Participants	\$ Value or # Hours

Division 3

List an activity conducted to finance FFA or FFA Alumni activities.

	# Alumni Participants	# FFA Participants	\$ Value or # Hours

Division 4

List an activity conducted other than at the local level.

	# Alumni Participants	# FFA Participants	\$ Value or # Hours

Division 5

List an activity conducted of a social or fellowship nature.

	# Alumni Participants	# FFA Participants	\$ Value or # Hours

Division 6

List a recruitment activity for FFA Alumni membership.

			# Alumni Involved

_____ Local FFA Alumni President

_____ Local FFA Advisor

Date Submitted: _____