



AMERICAN HEMEROCALLIS SOCIETY

Application for Appointment AHS GARDEN JUDGE WORKSHOP INSTRUCTOR

Last Name First Name Phone E-Mail

Mailing Address (Street or PO Box) City State Zip

Years of AHS membership _____

Years served as AHS Garden Judge _____

List dates, locations, regions and the AHS accredited Garden Judge Instructor you assisted:

Garden Judge Workshop 1

Dates	Location	Region	Instructor

Garden Judge Workshop 2

Dates	Location	Region	Instructor

I certify that I have met the above qualifications, and I agree to follow the workshop curriculum as set forth by the AHS Judges Education Committee in annual updates of workshop materials on the AHS website.

Your signature _____ Date _____

Application must be received by your Regional President prior to December 1 of the year qualifications have been met.

RP: Please use space below and/or on the back of this form for your comments and recommendations. Applications must be received by Garden Judges Records Chair no later than December 15 of the year qualifications have been met.