



## POLISH FALCONS OF AMERICA

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## BEYOND THE GOLD LEGION OF HONOR APPLICATION

	Individual is being nomi	nated by Nest	OR District	
PLEASE <b>PRINT</b> OR <b>TY</b>	PE ALL INFORMATION.			
Member's Full Name:			Age:	
Address:				
Date when Gold Legion recei	ved:	_		
Date when this Award will be	presented:			
	ist be in Good Standing (incl ed their Gold Legion at least s		t the time of application. 3 nominated for Beyond the Gold.	
=	RD. Specify the offices held, if a		E RECEIVING THEIR GOLD SINCE THE APPLICANT'S	

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