

**AMERICAN HEMEROCALLIS SOCIETY**  
**Application for Appointment**  
**AHS GARDEN JUDGE WORKSHOP INSTRUCTOR**

Last Name	First Name	Initial	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 Web Site.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

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

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