

Local Affiliate Merit Request Form

Merit certificates will be mailed to the contact person on this form. Requests must be sent at least two weeks prior to the event in order to receive merit certificates for the event date. Your merit request will be processed in the order in which it was received. Please contact merits@ppa.com to check the status of your request.

Affiliate no	ame:		Affiliate event date(s):			
			Contac	Contact person:		
Affiliate ev	ent name:		Address	Address:		
Email: merits@ppa.com			City, Sto	ate, Zip:		
Mail:	PPA - MERITS 229 Peachtree St. NE, Suite 2300 Atlanta, GA 30303		Phone:			
						1 or 2 s _l
		Merits (Merit code: 27	,		Member of this	
Name	PPA ID #		Panel Date	Merits (1 or 2)	Local Affiliate?	
		PPA ID #	Merit (Merit code: 23	Panel Date		
					_	
		ts (Merit code: 230)				
Name		PPA ID #		Date of last day in office		
Limit of 12	total judging mer	PHIC COMPETITION its per year. These me	erits are in addition to	the annual merit allotment. Loca	I	
Name		PPA ID #		Judging Date	Member of this Local Affiliate?	
					_ Yes No	
					_ □ Yes □ No	
					_	
					_ □ Yes □ No	

☐ Yes ☐ No