



REQUEST FOR CHAPTER/CLUB PAST PRESIDENT'S PLAQUE

(Please print or type)

\_\_\_\_\_  
Name of President

\_\_\_\_\_  
Chapter/Club Name

\_\_\_\_\_  
Date of term

Plaque is needed for presentation on \_\_\_\_\_  
(Please allow eight weeks for delivery)

Mail Plaque to:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Chapter/Club  
Affiliation \_\_\_\_\_

**Remember – This plaque will be duplicated exactly as you have furnished the above information  
Be certain that it is correct.**

**COST OF PLAQUE – \$35.00  
PLEASE SEND PAYMENT WITH THIS ORDER.**

Return this request with you check payable to ITPA to:

ITPA  
P.O. Box 465  
Hinesville, GA 31310