



# 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.**