



**Novice/Amateur Application  
APHC ROOKIE OF THE YEAR**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**APHA Membership #:** \_\_\_\_\_

**APHC Membership #:** \_\_\_\_\_

**I hereby certify that I have read, understand and meet all requirements as set out in APHA Rule AM-071 for Amateur Rookie of the Year Award and therefore submit my name for APHC Rookie of the Year.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_