

TORCH OF FREEDOM AWARD

Please Print or Type:

Name of Branch: _____

Name of President: _____

Address: _____
PO Box/Street Address

City/Zip: _____

Phone: _____ Email: _____

I. Describe outstanding service to the NAACP: (attach additional sheets if necessary)

A. Exhibited extraordinary, longstanding and committed services to the NAACP

II. Memberships and Affiliations:

Resume/Biographical Information attached? ___ Yes ___ No

Branch President's Signature: _____

Branch Secretary's Signature: _____

Phone: _____ Email: _____

**Mail to: NC NAACP, P O Box 7186, Greensboro, NC 27417, Attn: Convention Awards
Telephone: 866-626-2227 919-682-4700 Fax: 919-682-4711 To be submitted by: September 10, 2019**