



Soka Gakkai International - USA

Application For Leader's Appointment

Region, Area, Chapter and District _____ Date _____

Please Type

Name:	Leader	WD	MD	YWD	YMD	Others	Reason For Appointment
Current Position:							
Current Organization:							
Recommended Position:	New Organization:						

Recommended by: (Name of Organization)	Signatures of Recommending Committee: (Signature and Date)	
_____	_____	_____
_____	_____	_____
_____	_____	_____

Procedure Checklist:			Qualifications:			
Visitation by:	Interviewed by:	Years of Practice:	Years of Leadership:	Study Level:	Members Sponsored:	
_____	_____					
Date and Signature	Date and Signature					

Approved by: (Name of Organization)	Signatures of Approving Committee: (Signature and Date)	
_____	_____	_____
_____	_____	_____
_____	_____	_____