



APPLICATION FOR CERTIFICATION RENEWAL

Application for: Tier 1 Tier 2

Date _____

Please refer to Guidelines for details of requirements and benefits of each Tier.

SECTION I: ABOUT YOUR ORGANIZATION

Name of Organization _____

Mailing Address _____

City _____ ZIP Code _____

Physical Address _____

City _____ ZIP Code _____

Phone _____ Email _____

Primary Contact Name/Title _____

Contact Phone _____ Email _____

Alternate Contact Name/Title _____

Alt Contact Phone _____ Email: _____

SECTION II: CHANGES TO YOUR ORGANIZATION

Have there been any significant changes to your organization in the past year? YES NO

If yes, please explain: _____

ATTACHMENTS REQUIRED: Roster of current board of directors/trustees (names only)

I hereby affirm that the above information is true and correct.

Name _____

Title _____

(President or Director required.)

Signature _____

Date _____

Email completed form to: **certified@azhs.gov**

Questions? Contact Nicola Brownlee at (520) 617-1141

Or mail to: Arizona Historical Society | 949 E. 2nd St. | Tucson, AZ 85719

NOTE: We prefer applications be submitted via email, however we will accept mailed applications for the application period. Beyond 2021, we can no longer accept mailed applications. Do not send via certified mail, as this will delay receipt.