

# BARRINGER AWARD

(1) NAME OF CANDIDATE: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

(2) WHAT HAS THIS PERSON/ORGANIZATION DONE TO BE CONSIDERED FOR THIS AWARD  
THAT DOES NOT FALL INTO ANY CATEGORY THIS SOCIETY RECOGNIZES?

(3) STATEMENT OF SUPPORT. Please provide us with as much information as possible in order to help the Awards Committee to make their decision. Provide any visuals, audios, etc.

NCSH, Inc., PO Box 93, Sherrills Ford, NC 28673-0093

ENTRY DEADLINE: JUNE 30