



Application for Azalea City Designation

Please read this application form and the guidelines completely and fill in all the designated spaces with the required information. Enclose all required copies of proof as specified in the guidelines section, the completed application, and mail to the designated address. An official notice of acceptance or rejection from the Azalea Society of America, Azalea City Selection Committee, will be sent within sixty to ninety days.

Section A

Legal Municipality Name _____

County/Parish _____ **State** _____

Official Mailing Address (Name) _____

(Street/PO Box Number) _____

(City, State & Zip Code) _____

Name & Position of Official Making Application _____

E-Mail address _____

Telephone Number () _____-_____

Section B

In the following space, please provide a narrative of how, when, and where your municipality has promoted and/or celebrated Azaleas in public and private spaces over the past three years. Use the Guidelines section for assistance and information for municipalities rejuvenating or beginning an azalea celebration. If you need more space, please attach additional sheets to this application.

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Section B (Continued)

Section C

Please summarize each proof here with its source, citation, form and summary content. See the guidelines for acceptable forms of proof. Use additional sheets if needed. Enclose copies of all proof you submit for consideration.

Section D

Are there public or private gardens in your municipality that offer tours, celebrations and/or festivals featuring Azaleas? Please list the names and addresses of up to five public or private gardens.

- 1.

- 2.

- 3.

- 4.

- 5.

If additional space is needed, attach a separate sheet.

Section E

To qualify as an Official Azalea City, your municipality must have at least three active members in the Azalea Society of America, residing within the corporate limits of your municipality. See the guidelines for the particulars.

Your Submitted New Members Information

- 1.

- 2.

- 3.

Signature of Municipal Official _____ Date _____