



# Xiong United, Inc.

1013 W. Bellevue Rd.  
Merced, CA 95348

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## Cultural Master Recognition Award Registration

### Directions

1. The group/quarter leaders (family leader, nais khoob, etc.) and/or local leaders (pabthaas of cities, counties, or regions) of the candidate's residency should conduct the nomination of candidates for a Xiong United, Inc. (XU) Cultural Master Recognition Award.
2. Once the candidates have been nominated, the leader who made the nomination should complete the Candidate Information and Nominated By sections of this form.
3. Lastly, the XU State or Regional Representative from the area of the candidate's residency certifies the form and submits it to XU via either regular mail at 1013 W. Bellevue Rd., Merced, CA 95348 or email at [admin@xiongunited.org](mailto:admin@xiongunited.org).

### Candidate Information

Name of Candidate: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please mark all cultural ritual fields of practice that the candidate has mastered:

Taw Kev  Coj Xai  Kaav Xim Txag  Kaav Xim Tshoob  Txiv Qeej  Mej Koob

1. How many years has the candidate practiced the identified cultural ritual fields? \_\_\_\_\_
2. Does the candidate currently practice the cultural ritual fields that have been mastered?  Yes  No
3. Has the candidate become a cultural rituals trainer?  Yes  No
  - a. Is the candidate currently training a group/person?  Yes  No
  - b. Does the candidate plan to train the younger generation?  Yes  No

### Nominated By

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### XU State or Regional Representative Certification

I certify that the above is true and correct.

Name: \_\_\_\_\_ State/Region: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_