

Please print or type

Golden Cloak Award  
Nomination Form

Your Name: \_\_\_\_\_

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

Name of Nominee: \_\_\_\_\_

Address of Nominee: \_\_\_\_\_

Number of years' service (as an adult) to the Order: \_\_\_\_\_

Contributions:

Bethel level:

Grand Guardian Council Level:

Offices held:

Committees served on:

Other significant contributions:

Why do you believe this Grand Guardian Council Member is worthy of receiving the Golden Cloak Award? (Use back of sheet if necessary.)

Four (4) recommendations (other than relatives)

NAME

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

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