

Golden Cloak Award  
Nomination Form

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

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

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

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

Number of years of 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 the back of the sheet if necessary).

Four (4) recommendations (other than relatives)

Name:

Address:

_____	_____
_____	_____
_____	_____
_____	_____