

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:

_____	_____
_____	_____
_____	_____
_____	_____