GOLDEN TRIANGLE AWARD
NOMINATION FORM
DEADLINE: MARCH 1

(PLEASE TYPE OR PRINT CLEARLY)

Name of Nominee _____ Bethel # _____ Date of Birth _____

Email Address _____ Current Role with the Bethel _____

NOMINATOR INFORMATION / CONTACT PERSON

A person must be nominated by the Executive Bethel Guardian Council or someone from the Executive Grand Guardian Council. Please provide information on the contact person for the nomination.

Name _____ Current Exec BGC Position _____

Phone Number _____ Email Address _____ Bethel # _____

NAMES OF EXECUTIVE BETHEL GUARDIAN COUNCIL MEMBERS MAKING NOMINATION

(Or Executive Grand Guardian Council Member making nomination)

*Note: List all Executive Bethel Guardian Council Members (5) unless the Nominee represents one of the five. If so, the majority of the Executive Bethel Guardian Council should be listed below with their present title, affixing their signature after their printed or typewritten name.

NOMINATOR #1

NAME: _____ SIGNATURE: _____

PRESENT POSITION ON EX BGC OR GGC COUNCIL: _____

NOMINATOR #2

NAME: _____ SIGNATURE: _____

PRESENT POSITION ON EX BGC OR GGC COUNCIL: _____

NOMINATOR #3

NAME: _____ SIGNATURE: _____

PRESENT POSITION ON EX BGC OR GGC COUNCIL: _____

NOMINATOR #4

NAME: _____ SIGNATURE: _____

PRESENT POSITION ON EX BGC OR GGC COUNCIL: _____

NOMINATOR #5

NAME: _____ SIGNATURE: _____

PRESENT POSITION ON EX BGC OR GGC COUNCIL: _____

INFORMATION REQUIRED CONCERNING NOMINEE

Name of Nominee _____ Bethel # _____

Bethel Guardian Council Positions Held (Including term of office if known):

1. _____ Term _____
2. _____ Term _____
3. _____ Term _____
4. _____ Term _____
5. _____ Term _____
6. _____ Term _____
7. _____ Term _____
8. _____ Term _____

Number of years as a Council Member: _____

List below the services rendered to Job's Daughters by the Nominee to fulfill the required 7 years of service for the award - Include Dates of Service:

SERVICE _____ DATES _____

SERVICE _____ DATES _____

SERVICE _____ DATES _____

SERVICE _____ DATES _____

SERVICE _____ DATES _____

SERVICE _____ DATES _____

SERVICE _____ DATES _____

SERVICE _____ DATES _____

SERVICE _____ DATES _____

SERVICE _____ DATES _____

SERVICE _____ DATES _____

List Membership in Other Masonic or Masonic Affiliated Organizations (i.e., Masons, Eastern Star, Shrine, White Shrine, Daughters of the Nile, Commandry, DeMolay, etc.)

_____

_____

_____

_____

INDIVIDUALS WHO WILL BE COMPLETING THE FOUR (4) RECOMMENDATIONS.

Four (4) recommendations must also be submitted (see Recommendation Forms below). List the names, email addresses, phone numbers, and titles (where appropriate). These four individuals must not be relatives of the Nominee. Two should be officially associated with Job's Daughters.

#1 INDIVIDUAL COMPLETING RECOMMENDATION #1-ASSOCIATED WITH JDI

NAME _____ TITLES _____

EMAIL ADDRESS _____ PHONE NUMBER _____

#2 INDIVIDUAL COMPLETING RECOMMENDATION #2-ASSOCIATED WITH JDI

NAME _____ TITLES _____

EMAIL ADDRESS _____ PHONE NUMBER _____

#3 INDIVIDUAL COMPLETING RECOMMENDATION #3

NAME _____ TITLES _____

EMAIL ADDRESS _____ PHONE NUMBER _____

#4 INDIVIDUAL COMPLETING RECOMMENDATION #4

NAME _____ TITLES _____

EMAIL ADDRESS _____ PHONE NUMBER _____

Submissions are due by March 1 and must include:

- This Council Recommendation Form
- Four (4) completed recommendations (using the attached Recommendation Form)

Email completed submissions to:

Grand Guardian
gg@mnjd.org

If you have any questions, be sure to contact the Grand Guardian for assistance.

GOLDEN TRIANGLE PIN INFORMATION

Should the Nominee be chosen to receive the Golden Triangle Award, a pin can be purchased to be presented to the recipient. The current pin price will be provided to the Contact Person on this form by the Grand Secretary should you wish to purchase one. Payment will need to be received by the Grand Secretary before 6/1.

Do you wish to purchase a pin to be presented to the recipient? YES ☐ NO ☐

RECOMMENDATION FORMS ARE FOUND ON THE NEXT PAGES

GOLDEN TRIANGLE RECOMMENDATION # _____

Name of Nominee _____

Name of individual making recommendation _____

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