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 _____