



INTERNATIONAL ORDER OF JOB'S DAUGHTERS

REPORT OF RECOMMENDATIONS FOR BETHEL GUARDIAN COUNCIL

At a meeting of the Bethel Guardian Council of Bethel No. _____ at _____
City (State/Prov./Terr)

held on, _____ those listed below were selected by majority vote to be recommended as Executive
Date

members of our Bethel Guardian Council. Their Masonic relationship has been verified.

(PLEASE PRINT OR TYPE)

BETHEL GUARDIAN

| | |
|----------------------------------|---|
| Name _____ | Masonic Relationship _____ |
| Address _____ | Mason's / _____ Mai. Member's Name _____ |
| City _____ Zip/Postal Code _____ | Member of Lodge/Bethel _____ |
| Phone () _____ | Location _____ |
| E-Mail _____ | If Maj. Member _____ Maiden Name _____ |

ASSOCIATE BETHEL GUARDIAN

| | |
|----------------------------------|---|
| Name _____ | Masonic Relationship _____ |
| Address _____ | Mason's / _____ Mai. Member's Name _____ |
| City _____ Zip/Postal Code _____ | Member of Lodge/Bethel _____ |
| Phone () _____ | Location _____ |
| E-Mail _____ | If Maj. Member _____ Maiden Name _____ |

GUARDIAN SECRETARY

| | |
|----------------------------------|---|
| Name _____ | Masonic Relationship _____ |
| Address _____ | Mason's / _____ Mai. Member's Name _____ |
| City _____ Zip/Postal Code _____ | Member of Lodge/Bethel _____ |
| Phone () _____ | Location _____ |
| E-Mail _____ | If Maj. Member _____ Maiden Name _____ |

GUARDIAN TREASURER

| | |
|----------------------------------|---|
| Name _____ | Masonic Relationship _____ |
| Address _____ | Mason's / _____ Mai. Member's Name _____ |
| City _____ Zip/Postal Code _____ | Member of Lodge/Bethel _____ |
| Phone () _____ | Location _____ |
| E-Mail _____ | If Maj. Member _____ Maiden Name _____ |

GUARDIAN DIRECTOR OF MUSIC OR

DIRECTOR OF EPOCHS

| | |
|----------------------------------|---|
| Name _____ | Masonic Relationship _____ |
| Address _____ | Mason's / _____ Mai. Member's Name _____ |
| City _____ Zip/Postal Code _____ | Member of Lodge/Bethel _____ |
| Phone () _____ | Location _____ |
| E-Mail _____ | If Maj. Member _____ Maiden Name _____ |

We trust that you will approve the recommendations of the Executive members listed above and the Associate Members listed on the reverse side.