



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

ASSOCIATE BETHEL GUARDIAN

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

GUARDIAN SECRETARY

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

GUARDIAN TREASURER

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

GUARDIAN DIRECTOR OF MUSIC OR

| | |
|-----------|-----------------|
| Name | _____ |
| Address | _____ |
| | _____ |
| City | _____ |
| | Zip/Postal Code |
| Phone () | _____ |
| E-Mail | _____ |

DIRECTOR OF EPOCHS

| | |
|------------------------|-------|
| Masonic Relationship | _____ |
| Mason's / | _____ |
| Maj. Member's Name | _____ |
| Member of Lodge/Bethel | _____ |
| Location | _____ |
| 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.