

**JOB'S DAUGHTERS INTERNATIONAL
BETHEL GUARDIAN COUNCIL RECOMMENDATIONS**

At the Annual Meeting of the Bethel Guardian Council of Bethel #: _____ of _____ held on _____/_____/20____, those listed below were selected by a majority vote to be recommended as Executive Members of our Bethel Guardian Council. Their Masonic relationship has been verified.

ANNUAL MEETING

(B-BGC Art. XII Sec. 2)

The annual meeting of Bethel Guardian Councils including Executive and Associate members under Grand Guardian Council jurisdiction shall be held at least forty-five (45) days prior to the Grand Session, and Bethels under Supreme, at least sixty (60) days prior to Supreme Session.

PURPOSE OF THE ANNUAL MEETING

(B-BGC Art. XII Sec. 3)

At each annual meeting Executive members of the Bethel Guardian Council for the ensuing year shall be recommended by secret ballot by the Bethel Guardian Council members present, for consideration by the Vice Supreme/Grand Guardian. The ballots shall be tabulated in the presence of those in attendance and additional ballots shall be taken until a majority recommendation appears of each office. Associate members of the Bethel Guardian Council: not more than four (4) shall be recommended by the secret ballot of the Executive members of the Bethel Guardian Council present at the annual meeting. Names of those receiving a majority recommendation shall be listed on the following form, which shall be forwarded to the Vice Supreme/Grand Guardian at least thirty (30) days prior to the Supreme/Grand Session.

ELIGIBILITY for Bethel Guardian and Associate Bethel Guardian

The **Associate Bethel Guardian** shall be a Master Mason in good standing in his Lodge.

The **Bethel Guardian** shall be:

- A direct descendant of a Master Mason or the wife, daughter, granddaughter, great-granddaughter, adopted daughter by law, mother, grandmother, sister, half-sister, step-sister, niece, grand niece, daughter-in-law, step-daughter, step-granddaughter, sister-in-law, first or second cousin or widow of a Master Mason or
- Members of an organization basing its membership requirement on Masonic relationship or
- Past Bethel Guardians or
- Majority Members of JDI.

PLEASE PRINT or TYPE

BETHEL GUARDIAN

Name: _____

Address: _____ City: _____ State/Province: _____ ZIP: _____

Email: _____

Phone: _____ CAV Number: _____ Expiration Date: _____

Name of Mason: _____ Relationship: _____

Lodge/Location: _____

Majority Member: _____ Bethel Number/Location: _____

ASSOCIATE BETHEL GUARDIAN

Name: _____

Address: _____ City: _____ State/Province: _____ ZIP: _____

Email: _____

Phone: _____ CAV Number: _____ Expiration Date: _____

Lodge/Location: _____

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ELIGIBILITY for other Executive and Associate Council Members

Adults who are the parent, grandparent, stepparent or guardian of a member of the Bethel are eligible for appointment as Executive Members, other than Bethel Guardian and Associate Bethel Guardian, or as an Associate member of the Bethel Guardian Council.

OTHER BETHEL GUARDIAN EXECUTIVE MEMBERS

GUARDIAN SECRETARY

Name: _____
Address: _____ City: _____ State/Province: _____ ZIP: _____
Email: _____
Phone: _____ CAV Number: _____ Expiration Date: _____

GUARDIAN TREASURER

Name: _____
Address: _____ City: _____ State/Province: _____ ZIP: _____
Email: _____
Phone: _____ CAV Number: _____ Expiration Date: _____

GUARDIAN DIRECTOR OF EPOCHS or GUARDIAN DIRECTOR OF MUSIC or GUARDIAN DIRECTOR OF PROMOTION
(select one)

Name: _____
Address: _____ City: _____ State/Province: _____ ZIP: _____
Email: _____
Phone: _____ CAV Number: _____ Expiration Date: _____

The regular meetings of JDI, Bethel No. _____ shall be held on the (day) _____ at (time) _____ and (day) _____ at (time) _____ in each month.

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**ASSOCIATE MEMBERS
REQUIRED**

The Associate Members of the Bethel Guardian Council shall consist of a minimum of two (2) adults in the position of either: Promoter of Sociability, Custodian of Paraphernalia, Director of Music or Epochs or Promotion, or Promoter of Finance.

OFFICE:

Name: _____
Address: _____ City: _____ State/Province: _____ ZIP: _____
Email: _____
Phone: _____ CAV Number: _____ Expiration Date: _____

OFFICE:

Name: _____
Address: _____ City: _____ State/Province: _____ ZIP: _____
Email: _____
Phone: _____ CAV Number: _____ Expiration Date: _____

OPTIONAL

Two (2) additional members may be named for any of the offices above or for Promoter of Hospitality, Director of Patrol, Promoter of Youth Activities, Promoter of Good Will, Promoter of Fraternal Relations, or Bethel Beekeeper.

OFFICE:

Name: _____
Address: _____ City: _____ State/Province: _____ ZIP: _____
Email: _____
Phone: _____ CAV Number: _____ Expiration Date: _____

OFFICE:

Name: _____
Address: _____ City: _____ State/Province: _____ ZIP: _____
Email: _____
Phone: _____ CAV Number: _____ Expiration Date: _____

Bethel Guardian or Associate Bethel Guardian

Guardian Secretary or Guardian Treasurer