Illinois Fraternal Alliance
Fraternalist of the Year Award Form

Form due by February 15, 2011

Your Society's selection and information:

Name: _____

Address: _____

Phone Number: _____ E-mail: _____

Fraternalist's charity of choice: _____

Address: City _____ State _____ ZIP Code _____

Fraternal Benefit Society: _____

Home Office contact's name: _____

Home Office phone number: _____ E-mail: _____

Short bio, including her/his fraternal highlights:

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