

DEGREE OF ROYAL PURPLE REQUIREMENTS

The award shall be made in recognition of continuous dedicated service to the Order to a Majority Member who is at least twenty-five (25) years of age at the time of her nomination.

A Majority Member shall be nominated by Executive Members of the Bethel Guardian Council or by the Executive Members of the Grand Guardian Council, **without her knowledge**. The members of the Bethel, or a permanent member of the Grand Guardian Council may recommend her nomination to the Executive members of the Bethel Guardian Council or to the Executive Members of the Grand Guardian Council. A Majority Member may be nominated by any Bethel in which she has contributed or for service to the Order. **The nominations shall include specific examples of outstanding service to the Order.**

The nominating Council shall secure at least four (4) (a minimum of 4) written recommendations from adults, **not related** to the nominee, who have first-hand knowledge of her contribution to the Order.

- At least two (2) of the recommendations shall be from members of the GGC or members of the BGC (Executive or Associate). **The recommendations must be dated, signed and show the proposer's office or title.**
- If the nominee has been with the nominating Bethel or has served on Grand Council Committees for less than four (4) years, two (2) additional recommendations from their previous Bethel and/or Jurisdiction are required to cover four (4) years of service to the Order.

Completed original nomination and recommendation forms shall be forwarded to this Chairman for consideration and bear a **Postmark NO LATER THAN March 1, 2024.**

The nominating Executive Member of the nominating council will be notified by mail of the committee's decision by **April 15, 2024** and the medallion fee will be indicated at that time.

The fee, amounting to the purchase cost of the Supreme Guardian Council approved medallion, may be paid by the following: recipient's family, a Bethel, or anyone else who wishes to contribute. **Please ask contributors to remain silent until after the award has been presented** (i.e. do not read as a receipt or disbursement at a Bethel meeting). **Payment must be made no later than May 1, 2024.** Checks should be made payable to Grand Guardian Council and sent to the Grand Secretary, whose address will be included in the notification.

The Grand Guardian Council shall be responsible for providing each recipient with a white rose, a certificate and for engraving the medallion with her name, the year and the jurisdiction.

The recipient shall receive the Degree of Royal Purple at the Formal Opening of the Annual Session of Grand Council. In the event that it is impossible for the recipient to attend Session, the Grand Guardian will make other arrangements for the presentation of the Award.

On the pages following these rules, you will find the nominating form and one copy of the recommendation form. **Please make copies of the recommendation form so that one is available to each adult making the recommendation (minimum of 4 detailed letters outlining the outstanding service to the order).**

The deadline is MARCH 1, 2024 This a very special award so **PLEASE** allow sufficient time to complete and mail the forms. Well thought out and **fully completed** (all signatures and dates, etc.) recommendations are indispensable to the committee. If you have any questions, please contact the chairman:

Wendy Weitzel, Chairman
13209 E 12th Ave
Spokane Valley, WA 99216
509-981-3377 OR email: Weitzel.wendy@gmail.com

PACKET CHECKLIST

Council Nomination Form

Nomination statements with **specific** examples of exemplary service

Council signatures and titles

Recommendations – at least 4 letters, 2 of which must be from members of the BGC or GGC

Executive or Associate BGC **OR** Executive GGC, signed & dated

Executive or Associate BGC **OR** Executive GGC, signed & dated

Other - signed & dated

Other - signed & dated

Additional Recommendations – at least 2 letters if the Nominee has been with the nominating Bethel or served on the GGC for less than 4 years.

Previous Bethel and/or Jurisdiction – signed and dated

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Extra recommendations (optional)

Other - signed & dated

Other - signed & dated

Other - signed & dated

Other - signed & dated

Postmark no later than March 1, 2024

DEGREE OF ROYAL PURPLE COUNCIL NOMINATION FORM 2023-2024

NAME OF NOMINEE _____

NOMINEE ADDRESS _____ CITY & ZIP _____

NOMINEE BIRTHDATE _____ AGE AT NOMINATION _____

MM OF BETHEL _____ BETHELs WORKED WITH SINCE MAJORITY _____

NUMBER OF YEARS OF SERVICE TO JDI SINCE MAJORITY _____

At least 5 Years	Offices, committees and services rendered to Bethel & State
<i>EX: 2020-2021</i>	<i>Grand Officer, GB Finance, Bethel Guardian, Beehive Chairman</i>

Signatures and positions of Executive Council Members (BGC or GGC) submitting nominations (See WA Royal Purple 1):

Signature Office

Signature Office

Signature Office

Signature Office

Name, address and phone number of Executive Council member to contact:

On the reverse side or additional sheet, please specify why you, as a Council, believe this Majority Member is worthy to receive the Degree of Royal Purple? ***Be specific in your examples.*** Statements such as “she is the ideal Job’s Daughter” are too general. **Give examples** of the nominee that indicate above and beyond contributions to the Order.

INDIVIDUAL RECOMMENDATION FORM
DEGREE OF ROYAL PURPLE 2023-2024
(BE SPECIFIC IN YOUR EXAMPLES!)

NAME OF NOMINEE _____

How did you become acquainted with her?

Please share multiple **specific** examples of her above and beyond contributions after becoming a majority member of why you feel this nominee is worthy to receive the Degree of Royal Purple. **Statements such as “she is the ideal Job’s Daughter” are too general. Give examples of the nominee that indicate above and beyond contributions to the Order.** (Use reverse side or type your recommendation, if necessary...note a signed copy of this page is still required.)

YOUR NAME _____

YOUR CONNECTION/TITLE WITH JOB’S DAUGHTERS _____

YOUR **ORIGINAL** SIGNATURE _____

DATE _____ PHONE _____

YOUR ADDRESS _____

CITY _____ ZIP _____