

FLORIDA STATE AERIE HALL OF FAME CANDIDATE SUBMISSION

From: _____ Aerie No: _____, Florida State Aerie, F.O.E.

At the ____/____/____ meeting of this Aerie, the membership approved placing the name of Brother _____

in consideration for selection to the **FLORIDA STATE AERIE HALL OF FAME.**

CANDIDATE INFORMATION

Birth Date: ____/____/____ Age: _____ Deceased Date: ____/____/____

Date joined the F.O.E: ____/____/____ Total Years of Membership: _____

Grand Aerie ID No: _____ Home Aerie No: _____

Address (if living) _____

OFFICE/COMMITTEE INFORMATION

Local Aerie Offices/Committees held: _____

State Aerie Offices/Committees held: _____

Grand Aerie Offices/Committees held: _____
