BRANCH ACTIVITY REIMBURSEMENT  
(J, S, U, W branches)

Mail to:  FCSLA Life Fraternal Dept.  
24950 Chagrin Blvd.  
Beachwood OH 44122  
Or  
Email to:  fraternal@fcsla.com  

• Return this form no more than 30 days after the event, along with some type of document verifying your activity (i.e. a photo, event flyer, screenshot of event posting on social media, invitation, etc.).
• Do not combine senior and junior activities on one form. Use separate forms even if juniors (up to age 15) and seniors (16 and over) were at the same event. Only one activity for juniors and one activity for seniors per year is reimbursed.
• The reimbursement amount is based on the number of members in your branch at the time of the activity.
• If you wish this activity to be published in Fraternally Yours, submit a write-up and photograph/s directly to National Editor Carolyn Bazik, PO Box 1617, Reading PA 19603 or email zjbazik@comcast.net.
• The check will be sent to the Branch Secretary.

Questions?  Fraternal Department:  800.464.4642 x1051 or fraternal@fcsla.com

PLEASE PRINT

Branch # (please use J, S, U, W before number) _____________________________

U or W Branch only, was this activity for (check one):  ________ senior members  ________ junior members

What was the Branch activity?  ________________________________________________________________

Date of activity ___________________________ Location ______________________________________________

How many members attended?  ___________ How many guests (non-members) attended?  ___________

Please share some details of the activity.  __________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Branch Officer’s name (print) _______________________________  ________________________________

Email _______________________________ Phone _______________________________

➢ Signature __________________________________ Date __________________________
   (signature needed, not typed)

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Home Office use only

Approved by ___________________________ Date __________________________ # of members ________________

Revised 04/2021