Z BRANCH ANNUAL ACTIVITY PRE-APPROVAL
(Z branches only)

Mail to: FCSLA Life Fraternal Dept.
24950 Chagrin Blvd.
Beachwood OH 44122

Or Email to: fraternal@fcsla.com

- Please submit this form for event approval at least 30 days prior to event.
- When the event is over, send in the Z Branch Annual Activity Reimbursement form with verification of your activity such as a photo, screenshot of social media announcement, event flyer, 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) will be at the same event. Only one activity for juniors and one activity for seniors per year is reimbursed at $200 each.
- If you wish this activity to be published in the Fraternally Yours magazine, submit a write-up and photograph(s) directly to National Editor Carolyn Bazik, PO Box 1617, Reading PA 19603 or email zjbazik@comcast.net.
- Giveaways may be requested using the Giveaway Request form found on the website under Branch Officers.

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

PLEASE PRINT

Branch # Z ______________________

This activity will be for (check one): ________ senior members _________ junior members

What is the proposed Branch activity? ____________________________________________________________

Date of activity ______________________ Location _________________________________

Please share some details of the activity. _________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Branch officer/member to contact if there are questions (print) _________________________________

Email _____________________________________________ Phone ________________________________

Signatures below must be real (not typed). Lines 1 and 2 cannot be the same person.

1. Branch officer (print name) _________________________________________________________________
   ➢ Signature _____________________________________________ Date ________________

2. Branch member (print name) _______________________________________________________________
   ➢ Signature _____________________________________________ Date ________________

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Home Office use only

Entered by ___________________________ Date __________________________

Approved by ___________________________ Date __________________________

Revised 04/2021