



**Z BRANCH ANNUAL ACTIVITY REIMBURSEMENT  
(Z branches only)**

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

**Or**

**Email to:** fraternal@fcscla.com

- Your event must have been pre-approved by the Fraternal Department to receive this reimbursement.
- 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 at \$200 each.
- 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@fcscla.com

**PLEASE PRINT**

Branch # Z \_\_\_\_\_

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 \_\_\_\_\_