



**CATHOLIC FRATERNAL LIFE (CFL)
CFL DELEGATE NOMINATION FORM**

PLEASE COMPLETE THIS FORM IF YOU WISH TO SERVE AS A CFL DELEGATE.

Name _____ Policy/Annuity # _____

Address/City/State/Zip _____

Telephone Number _____ E-mail address _____

PLEASE STATE YOUR QUALIFICATIONS TO BE A CFL DELEGATE

(Give details below of education, current or previous work, volunteer experience and any prior CFL involvement.)

I am applying to be a Delegate in District _____ (Please refer to the enclosed District listing by state.)

By signing this form, I certify that I am a beneficial member of Catholic Fraternal Life in good standing.

Dated this _____ day of _____, 2024.

Signature

Witness

**PLEASE SEND THIS FORM TO:
DELEGATE ELECTIONS, PO BOX 327, BELLEVILLE, IL 62222-0327
OR**

E-MAIL TO sbouchard@cflife.org

MUST BE POSTMARKED NO LATER THAN MAY 15, 2024.