

American Fraternal Alliance "Join Hands Day" Event Form



Our Assembly/Circle/Region #: _____ conducted a "Join Hands Day" Event
in support of the AFA Join Hands Day Project. This event was held on: _____

Location of Event: _____

Description of Event: _____

(Please provide the Names of the NSS Members in Attendance along with their Assembly/Region or Circle Number)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

Date _____ / _____ / 20 _____

Signature of Assembly/Circle/Region Officer