



STAR OF HOPE GRAND CHAPTER O.E.S.



APPLICATION FOR MEMBERSHIP

CERTIFICATE NO. \_\_\_\_\_

To the Worthy Matron, Worthy Patron, Officers and Members of \_\_\_\_\_ Chapter No. \_\_\_\_\_ Order of the Eastern Star located at \_\_\_\_\_.

I am the wife ( ), mother ( ), sister ( ), daughter ( ), widow ( ), or benefactor ( ) of Brother or Sister \_\_\_\_\_ who is/was a member of \_\_\_\_\_ Chapter/Lodge

No. \_\_\_\_\_ located in \_\_\_\_\_.

I am Brother \_\_\_\_\_. I am a member of \_\_\_\_\_ Lodge No. \_\_\_\_\_, located in \_\_\_\_\_.

Name: Print: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_ Married ( ), Single ( ), Other \_\_\_\_\_

Mailing address \_\_\_\_\_

Street City/Town State Zip Code

Telephone No. ( ) \_\_\_\_\_ Work No. ( ) \_\_\_\_\_

I have never been rejected or suspended by a Chapter/Lodge of this Order and I am of sound mind and health.

Recommended by \_\_\_\_\_ Fees submitted \$ \_\_\_\_\_

Beneficiary Print:(1) \_\_\_\_\_ Beneficiary: Print: (2): \_\_\_\_\_

Relationship: \_\_\_\_\_

PETITION FOR REINSTATEMENT

Initiated/obligated in \_\_\_\_\_ Chapter/Lodge No. \_\_\_\_\_ Fees submitted \$ \_\_\_\_\_

NON-RELIEF CERTIFICATION

Any member 61 years of age or above will not be enrolled in the Relief Plan.

I am aware that I am not a member of the Grand Chapter Order of the Eastern Star Relief Department; therefore, no death benefit will be paid by the Grand Chapter at my death.

\*\*Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Certification by Chapter Worthy Matron and Secretary:

Date Initiated/Obligated \_\_\_\_\_ Date Reinstated \_\_\_\_\_

Worthy Matron Signature \_\_\_\_\_ Date \_\_\_\_\_

Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_

Seal