

GRAND



CHAPTER ORDER OF THE EASTERN STAR



**An Affiliate of the Most Worshipful Prince Hall Grand Lodge, Free and Accepted Masons of North Carolina and Jurisdiction, Inc.
APPLICATION FOR MEMBERSHIP**

TO BE COMPLETED BY FEMALE

To the Worthy Matron, Officers and Members of _____ Chapter No. _____ Order of the Eastern Star located at _____ North Carolina. The undersigned applicant solicits the light and privilege of the Order of the Eastern Star in your Chapter. Should my petition be granted I pledge that I will cheerfully conform to all the established usages and customs of the Order.

I am the wife () , mother () , sister () , daughter () , or widow () of Brother _____ who is/was a member of _____ Lodge No. _____ located at _____.

TO BE COMPLETED BY MALE

I am Brother _____. I am a member of _____ Lodge No. _____, located at _____.

TO BE COMPLETED BY ALL

Name _____ Date of Birth _____ Place of Birth _____
Married () , Single () , Other _____

Mailing address _____
Street City/Town State Zip Code

I am a registered voter ()yes, ()no. Telephone No. () _____ Work No. () _____

Applicant's Signature _____ Date _____

Recommended by _____
Beneficiary _____ Relationship _____

Beneficiary address _____
Street City/Town State Zip Code

APPLICATION FOR REINSTATING

I was initiated/obligated in _____ Chapter No. _____. I lost my membership as an active member in the year of _____ because _____.

I am a Past Worthy Matron () Past Worthy Patron () **check one.**

Applicants Signature _____ Date _____

DEATH BENEFITS

Applicants for reinstating must complete the Application Form as well as the Reinstatement Form. A person must reinstate in the Chapter she/he belonged to at the time membership was lost. Any member 54 years and six months of age or above will not be enrolled in the Benevolent Plan.

At death payment will be made as following for members of the Benevolent Plan:

Membership at:

Less than 12 months.....\$-0- 12-24 months.....\$250.00 24-36 months.....\$350.00 36 months or more.....\$500.00

I understand that if I have not petitioned for membership by age 54 years and six months I will not be enrolled in the Benevolent Plan of the Order of the Eastern Star.

Applicant's Signature _____ Date _____

Certified by Chapter Secretary:

Date Initiated/Obligated _____ Date Reinstated _____

Worthy Matron Signature _____ Date _____

Secretary Signature _____ Date _____

NON-BENEVOLENT CERTIFICATION

(SEAL)

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

Signature _____ Date _____