

Badge: _____

Ref. No.: _____

CREDENTIALS COMMITTEE

PRE-REGISTRATION FORM - GRAND CHAPTER OF FLORIDA

PRE-REGISTRATION FEE IS \$25.00 PER MEMBER ATTENDING (Non-Refundable)
SEND PRE-REGISTRATION FORMS WITH CHECK OR MONEY ORDER PAYABLE TO
“THE GRAND CHAPTER OF FLORIDA, O.E.S.” One check can cover multiple registrations.
MAIL TO: James E. Lambert, PGP, 565 Joy Haven Drive, Sebastian, FL 32958
NOTE: To receive the pre-registration discount, all Pre-Registration mailing envelopes
MUST BE POSTMARKED no later than April 1, 2013 (NO EXCEPTIONS)
ANY CHECKS RETURNED FOR INSUFFICIENT FUNDS, CREDENTIALS WILL NOT BE ISSUED UNTIL ALL
BANK FEES and REGISTRATION FEES ARE PAID. LOSS OF DISCOUNT WILL BE APPLIED.

108th ANNUAL GRAND CHAPTER SESSION - APRIL 23-25, 2013
ONE NAME PER FORM - PLEASE PRINT OR TYPE ALL INFORMATION

Member of _____ Chapter # _____ District # _____
Plural/Dual Member of: _____ Chapter # _____ District # _____
Name: _____ Telephone No. _____
Home Address: _____
Street City State Zip

Your Title as of the START of this Grand Chapter Session

General Grand Chapter Title: _____
Grand Chapter Title: _____
Grand Representative of _____ in _____
Chapter Title: (include PM/PP) _____
If you are a Plural Member with voting credentials, which Chapter are you representing? _____
Voting Certificates: WM _____ WP _____ AM _____ AP _____ (Check all that apply)

As a registered member of the Order of the Eastern Star, I will be participating at my own freewill and risk in the activities of the 108th Annual Session of the Grand Chapter of Florida, Order of the Eastern Star. I understand and agree that the Grand Chapter of Florida, Order of the Eastern Star, Inc. is not responsible for any injuries (known or unknown) or property damage that I may sustain while traveling to/from, while at, or while otherwise participating in, the 108th Annual Session of the Grand Chapter of Florida, Order of the Eastern Star.

Signature _____ Date signed: _____

Please do not write below this line

Date: _____ Money received: _____ Check No. _____

THIS FORM IS FOR ALL MEMBERS OF FLORIDA AND ALL OTHER GRAND JURISDICTIONS
AND MAY BE DUPLICATED AS NEEDED

Form approved by the Worthy Grand Matron