

Badge: _____

Ref. No.: _____

CREDENTIALS COMMITTEE

PRE-REGISTRATION FORM - GRAND CHAPTER OF FLORIDA

**PRE-REGISTRATION FEE IS \$15.00 FOR EACH MEMBER ATTENDING (Non-Refundable)
SEND PRE-REGISTRATION FORMS WITH CHECK OR MONEY ORDER PAYABLE TO
THE GRAND CHAPTER OF FLORIDA, O.E.S.**

MAIL TO: James E. Lambert, PGP, 565 Joy Haven Drive, Sebastian, FL 32958

NOTE: To receive the pre-registration discount, all Pre-Registration forms

MUST BE POSTMARKED no later than April 4, 2009 (NO EXCEPTIONS)

**ANY CHECKS RETURNED FOR INSUFFICIENT FUNDS, CREDENTIALS WILL NOT BE
ISSUED UNTIL ALL FEES ARE PAID. LOSS OF DISCOUNT WILL BE APPLIED.**

104th ANNUAL GRAND CHAPTER SESSION - APRIL 21-23, 2009

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 voting Plural Member, 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 104th 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 104th Annual Session of the Grand Chapter of Florida, Order of the Eastern Star.

Signature _____ Date signed: _____

Please do not write below this line

Vouched for by: _____ Examined by _____

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