

APPLICATION FOR ASSISTANCE FROM THE O.E.S. DISASTER FUND

Applicant must be a member in good standing of an Eastern Star Chapter in the State of Florida. Complete form entirely. Please PRINT or TYPE.

1.) APPLICANTS NAME: _____

2.) MEMBER OF: _____ CHAPTER NO. _____

3.) MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

4.) TELEPHONE NUMBER: _____ () _____

5.) CELL PHONE NUMBER: _____ () _____

6.) EMERGENCY OR DISASTER SITUATION CAUSING THE NEED FOR ASSISTANCE:

(Hurricane, Tornado, Fire, etc.) _____

7.) DATE OF DISASTER OR EMERGENCY: _____

8.) LIST LOSSES: _____

9.) AMOUNT OF FUNDS REQUESTED: _____ \$

Mail to:

Mrs. Linda J. Dudley, Grand Secretary
Chairman of Disaster
Post Office Box 97
Bonifay, Florida 32425-0097
Telephone: 1-866-547-9199
Fax: 1-850-547-9299

Signature of Applicant

Signature of Applicant