

The Grand Chapter of Florida  
Order of the Eastern Star, Inc.

**MEMBER UPDATE**

Date: \_\_\_\_\_

\_\_\_\_\_ Chapter No. \_\_\_\_\_

Member Name: \_\_\_\_\_

(Complete name)

Member Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member Street/Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Member Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Member OES Title and year: \_\_\_\_\_

Past Grand Officer Title and year: \_\_\_\_\_

**MEMBER STATUS**

Initiation Date: \_\_\_\_\_

\_\_\_\_\_ Chapter No. \_\_\_\_\_

Located in: City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Demit: \_\_\_\_\_ Date of Affiliation: \_\_\_\_\_

Dual Member: \_\_\_\_\_ State: \_\_\_\_\_

Plural Member: \_\_\_\_\_ Primary Chapter: \_\_\_\_\_

(Date)

(Name and number)

Suspended: \_\_\_\_\_ Reinstated: \_\_\_\_\_

(Date)

(Date)

Deceased: \_\_\_\_\_ Fifty Year Member: \_\_\_\_\_

(Date)

(Date)

Perpetual Member: \_\_\_\_\_ Proficiency Card: \_\_\_\_\_

(Date)

(Date)

**Instructions: To be completed only when change occurs by Chapter Secretary and submitted to Grand Secretary for each member with a status change. Check applicable boxes only under Member Status.**

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_