

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 2, 2010 (NO EXCEPTIONS)**

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

**105th ANNUAL GRAND CHAPTER SESSION - APRIL 20-22, 2010**

**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 105th 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 105th 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