

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

MEMBER UPDATE

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

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

Member Name: (Mrs.)(Miss)(Ms.)(Mr.) \_\_\_\_\_  
(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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_