

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: _____

