

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. Berneice A. Woodard, PGM
Co-Chairman of Disaster
Post Office Box 434
Micanopy, Florida 32667
Telephone: 1-352-545-7038
EMail - Berneice.Woodard@yahoo.com

Signature of Applicant

Signature of Applicant