

EMERGENCY RELIEF FUND ASSISTANCE FOR HURRICANE MICHAEL

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.) APPLICANT(S) NAME: _____

2.) MEMBER OF: _____ CHAPTER NO. _____

3.) MAILING ADDRESS: _____ STATE _____ ZIP: _____

CITY: _____

4.) TELEPHONE NUMBER: _____ CELL NUMBER _____

5.) IS THE DWELLING YOUR PRIMARY RESIDENCE? _____

6.) DATE OF DISASTER OR EMERGENCY: _____

7.) LIST OF LOSSES: _____

8.) ARE YOU COVERED BY INSURANCE? _____

9.) WHAT IS MOST URGENT FOR YOUR NEEDS AT THIS TIME? _____

10.) QUOTES YOU HAVE RECEIVED FOR REPLACEMENT/REPAIRS FOR ITEMS LISTED.

Signature – Applicant

Signature - Applicant

Mail to:

Mrs. Linda J. Dudley, Chairman
Emergency Relief Committee for
Hurricane Michael
P. O. Box 544
Bonifay, Fl 32425
Telephone: 850-547-4854
Cell: 850-768-9264