

Badge: _____

Ref. No.: _____

CREDENTIALS COMMITTEE

PRE-REGISTRATION FORM - GRAND CHAPTER OF FLORIDA

**PRE-REGISTRATION FEE IS \$25.00 PER MEMBER ATTENDING (Non-Refundable)
SEND PRE-REGISTRATION FORMS WITH CHECK OR MONEY ORDER PAYABLE TO
"THE GRAND CHAPTER OF FLORIDA, O.E.S." One check can cover multiple registrations.
MAIL TO: James E. Lambert, PGP, 565 Joy Haven Drive, Sebastian, FL 32958
**IMPORTANT: To receive the pre-registration discount, all Pre-Registration mailing envelopes
MUST BE POSTMARKED no later than March 29, 2017 (NO EXCEPTIONS)**
ANY CHECKS RETURNED FOR INSUFFICIENT FUNDS, CREDENTIALS WILL NOT BE ISSUED UNTIL ALL
BANK FEES and REGISTRATION FEES ARE PAID. LOSS OF DISCOUNT WILL BE APPLIED.
REGISTRATION FEE (WALK-IN) AT THE SESSION WILL BE \$30.00**

112th ANNUAL GRAND CHAPTER SESSION - APRIL 25 – 27, 2017

ONE NAME PER FORM - PLEASE PRINT OR TYPE ALL INFORMATION

Member of (primary) _____ Chapter # _____ District # _____ State _____

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 _____

Are you a Florida Past Matron/ Past Patron? YES NO

Chapter Title: _____

If you are a Plural Member with voting credentials, which Florida Chapter are you representing? _____

Voting Certificates: WM W P 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 112th 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 112th Annual Session of the Grand Chapter of Florida, Order of the Eastern Star.

Signature _____ Date signed: _____

**THIS FORM IS FOR ALL MEMBERS OF FLORIDA AND ALL OTHER GRAND JURISDICTIONS
AND MAY BE DUPLICATED AS NEEDED**