

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. Linda J. Dudley, Grand Secretary
Chairman of Disaster
Post Office Box 97
Bonifay, Florida 32425-0097
Telephone: 1-866-547-9199
Fax: 1-850-547-9299

Signature of Applicant

Signature of Applicant