

## 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:

Brenda Keepin

Grand Secretary Pro Tem

PO Box 35339

Panama City FL 32412-5339

Telephone: 850-215-4858

Email - [oesflags@gmail.com](mailto:oesflags@gmail.com)

Form 2026-2 FORM REV. 09/2019

Signature of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_