

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 1518

Lynn Haven, FL 32444

Telephone: 850-571-3065

Email - oesflags@gmail.com

Form 2026-2 FORM REV. 03/2020

Signature of Applicant _____

Signature of Applicant _____