

Date: _____
 Member #: _____
 Chapter: _____
 Primary
 Plural
 Dual

The Grand Chapter of Florida Order of the Eastern Star, Inc.

MEMBERSHIP UPDATE FORM

Adding Member by: Initiation: ___ Reinstatement: ___ Restoration: ___ Affiliation: ___
 Deleting Member by: Death: ___ Demit: ___ Suspension ___ Expulsion: ___
 Change of: Name: ___ Address: ___ Phone: ___ Membership Status: ___

Mr. ___ Mrs. ___ Miss ___ Ms. ___ Date of Birth: _____

Current Name: First: _____ Middle: _____ Last: _____

Past Name: First: _____ Middle: _____ Last: _____

Present Address: _____
(street) (city) (state) (zip code)

Past Address: _____
(street) (city) (state) (zip code)

Telephone No.: Home: _____ Mobile: _____ Work: _____

Email Address: _____

Chapter Title: _____

- Past Matron of Florida
- Past Patron of Florida

Past Grand Officer Title and Year: _____

Initiation Date: _____

Primary Affiliation Date: _____ Demit Date: _____

Previous Chapter: _____ State: _____

Plural Affiliation Date: _____ Plural Termination Date: _____

Primary Chapter: _____

Dual Affiliation Date: _____ Dual Termination Date: _____

Primary Chapter: _____ State: _____

Suspended Date: _____ Reinstated Date: _____

Deceased Date: _____ Perpetual Member: Yes ___ No ___

Instructions: To be completed by Chapter Secretary and submitted to the Grand Secretary for each new member and for any member changes.
 Mark all applicable spaces. Attach additional comments as necessary.