

# RESUME

FILL OUT THE FOLLOWING FORM. NO OTHER WILL BE ACCEPTED.  
SUBMIT TO:

Attach Photo

Brenda E. Keepin, Grand Secretary  
P. O. Box 1518  
Lynn Haven, Florida 32444

CANDIDATE FOR: \_\_\_\_\_

NAME: \_\_\_\_\_

PRIMARY CHAPTER: \_\_\_\_\_

PLURAL CHAPTER(S): \_\_\_\_\_

CITY: \_\_\_\_\_

MASONIC AFFILIATION: \_\_\_\_\_

TELEPHONE NO. (HOME): \_\_\_\_\_

TELEPHONE NO. (CELL): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

*A member must be a legal resident of the State of Florida, who is eligible to register to vote in the State of Florida, to hold an elective grand office.*

**APPOINTMENTS HELD IN THE ORDER OF THE EASTERN STAR**  
**(Do Not List Session Appointments)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BRIEF WORK HISTORY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL STATEMENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_