

Grand Chapter Order of the Eastern Star of New Jersey

CHANGE OF STATUS:

DATE:		ROLL NO:		CHAPTER NO:		COUNTY:	
NAME (Mrs.-Mr.-Miss), last, first, title:							
ADDRESS:							
Phone:				E-mail address:			
Previous Address:							
Date Initiated:				Date Affiliated:			
Date Died:				Date Demitted:			
Date Transferred:				From:			
				Chapter No:			
Located at:							
Change of Address: (yes/no)				Change of Masonic Affiliation:			
Change of Name (old):							
Maiden Name:							
Date Suspended:				Date Expelled:			
Date Rejected:				Date Reinstated:			
Date Withdrawn (Before Ballot):				Time for Initiation Lapsed:			

DUAL MEMBERSHIP:

Date Elected to Dual Membership:						Chapter Name:					
Roll Number:											

HOME CHAPTER

Roll #:		Chapter Name:		Chapter #	
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REQUEST FOR CLEARANCE:

Name:													
Maiden Name:													
Name by Former Marriage:													
Relation:						Name of M.M.:							
Lodge:				Number:				Location:					
If Territorial Waiver is necessary, has it been obtained? Y/N:										Rejected?			
Date of Initiation:													

Below for Grand Chapter Office use only!

TO THE RIGHT WORTHY GRAND SECRETARY:

	Has the person named above ever been rejected, suspended, expelled, petition withdrawn, or is there any other record against petitioner? Yes / No: → →				
Date of Response:			RWGS (signature):		

MEMBERSHIP ROLL CARD!

Chapter Name:						Roll No:						Chapter #								
Address:																				
Relation:												Name of M.M.:								
Date Elected:												Date Initiated:								
Name of Chapter Secretary:																				