Eastern Star Charity Foundation of New Jersey, Inc.

NOMINATION FORM

We, the undersigned, being members in good standing the Eastern Star of New Jersey do of 2O, the name of:	g of <u>separate</u> and distinct Subordin	nate Chapters of	the Order of
for the office of DIRECTOR for a term		•	•
Orde	r of the Eastern Star of New Jerse	District# ey.	
Name	Chapter Name & Number	District Number	Date
I, the undersigned, a member of the a member in good standing ofOrder of the Eastern Star of New Je election for the office of DIRECTOR, and do agree, if elected, to fulfill the Eastern Star Charity Foundation of	ersey, do agree that my name shal for a term of three (3) years at the duties of the office in strict comp	Chapte Il be placed in no 20 Ar	r No omination for nnual Meeting,
Signed:	24.	red:	
Phone No	Email		
PERTINENT QUALIFICATIONS S Sheet)	HALL BE PROVIDED In the SPA	ACE BELOW: (May Attach Additional
The original Nomin at ion form may be Charity Foundation on or before Ma	e electronically filed *(sig ne d .pdf) rch 1st. The original paper copy must	with the Secreta	

Norma J. Hines, PGM

127 Post Road Mays Landing, NJ 08330 609-665-3288

Normal J. Hines <njescfsec@gmail.com>

Rev 1/2020