



APPLICATION FOR REINSTATEMENT IN SUBORDINATE CHAPTER

_____ (Date)

To the Officers and Members of _____ Chapter No. _____ O.E.S., PHA.,
I, _____ (Please Print), having the misfortune of being dropped, do
hereby apply for reinstatement. As a former member who was initiated
in _____ (Please Print) Chapter No. _____ on _____ (Date), desire
to renew my membership into the Eastern Star Family. If accepted for reinstatement, I reaffirm my former
pledge to subscribe to and abide by all the laws of the Chapter and those of Cecelia Dunlap Grand Chapter
Order of the Eastern Star, P.H.A., of Kentucky.

(Please print all information)

Name: _____
Address: _____

Date of Birth: _____ Phone No. _____
Name of Beneficiary: _____
Relationship: _____
Address: _____

(Signature and Date of Applicant)

On _____, the chapter approved the Application of Sis. _____ for Reinstatement
(Date) (Name)

(Signature of Matron **and** Date)

(Signature of Secretary **and** Date)

(Signature of Patron **and** Date)

**By my signature, below, this is to verify that Bro. _____ is in
good standing with Lodge # _____.**

(Signature of Worshipful Master **and Date)**

(CHAPTER SEAL)

**If a member is applying for reinstatement, he/she must be voted on, pay a reinstatement fee and any
current dues and assessments. Send this form and the \$10.00 Reinstatement Fee to the Grand
Secretary.**