

CDGCOES Form 11 (Revised 1/21)
Cecelia Dunlap Grand Chapter, OES of Kentucky, INC., PHA

CHAPTER INVESTIGATION REPORT

Chapter Name:		Chapter No	
Petitioner Name:			
		Zip Code:	
Phone Number	Date of Birth	Age:	
Where were you born? (City and State)		
Address and Phone num	ber of Beneficiary		
Are you willing to work	with people?		
Are you willing to wear	white? (i.e., dresses with 3/4 len	ngth or long sleeves, white shoes w/white heels, plain white hose, v	vhite
purse and white gloves)			
Are you willing to pay d	lues and assessments to the chap	oter and the Grand Chapter?	
Have you ever been con	victed of a felony?		
If so, when and why?			
		ning to be affiliated with the Order of Eastern Star?	
Have you ever made ap rejected?	plication to any other Prince Ha	all group/organization or affiliated group or organization and were	you
What caused you to peti	tion this Chapter for Membershi	ip?	
I,	, certify	that all the above information is true to the best of my knowledge	and
give this Chapter and	Cecelia Dunlap Grand Chapter	, O.E.S., of Kentucky Inc., PHA my permission to verify the a	oove
information through any	agency necessary.		
		(Signature <u>and</u> Date of Petitic	ner)
		nfavorable:(If unfavorable, state reason)	· * *
Committee Member:		Committee Member:	
Committee Chairperson	:		
		Date of Investigation:	