CDGCOES Form 16 (Revised 1/21)
Cecelia Dunlap Grand Chapter, OES of Kentucky, INC., PHA

DISPENSATION REQUEST

Date: _____

SEND TO: Name: Ms. Nakeyae A. Street, GWM
Address: 720 Woodland Avenue, Apt. #5
City/State/Zip: Frankfort, Kentucky 40611
Telephone: 502-229-6777 Email: kikijayceediva@gmail.com

_____ Chapter No._____

Request dispensation as follows:

_____ Hold a **Special Meeting** on _____ (date).

Special Meeting Criteria - Must open chapter ritualistically, minutes shall be taken. These are meetings that a specific issue which need a motion and recorded for the record keeping of the chapter. The entire membership must be notified, and you must have a reasonable number of days ahead of the scheduled meeting. Only the urgent item of business for which the meeting was call shall be discussed.

_____ Change our meeting date due to _____ (state reason), to _____(date).

_____ Dispense with our meeting due to _____ (state reason), to _____(date).

_____ Hold election out of time, change to _____ (date).

Other: _____

A Call Meeting can be called at the discretion of the Subordinate Chapter Worthy Matron and does not need the approval of the Grand Worthy Matron. Nothing can be voted on at these meetings.

_____ _____
(Matron's Signature **and** Date) (Secretary's Signature **and** Date)

(CHAPTER SEAL)

TO THE MATRON, PATRON, OFFICERS AND MEMBERS: By virtue of the power vested in me as Grand Worthy Matron of Cecelia Dunlap Grand Chapter, Order of Eastern Star of Kentucky, Inc., P.H.A., and believing the reason for your request is sufficient and valid, your request is herewith granted.

Done this _____ day of _____ 20_____ by the Signature and Private Seal of the Grand Worthy Matron affixed hereto.

_____ **SEAL OF GRAND WORTHY MATRON**
(Signature **and** Date)