



The Grand Chapter, Order of the Eastern Star of Louisiana

# PETITION FOR AFFILIATION BY TRANSFER OF MEMBERSHIP



20

To the Worthy Matron, Officers and Members of \_\_\_\_\_ Chapter No. \_\_\_\_\_, O. E. S.  
\_\_\_\_\_, Louisiana  
(city)

I respectfully petition for Transfer of Membership in your Chapter. Should this petition be granted, I pledge cheerful obedience to the laws of the Order and the By-Laws of the Chapter.

My full name is \_\_\_\_\_ (Female applicants, if married, must give their maiden name in addition to their present name.)

Date of Birth \_\_\_\_\_ How long have you lived in this jurisdiction (state)? \_\_\_\_\_

My residence address is \_\_\_\_\_

My occupation is \_\_\_\_\_

I am transferring from \_\_\_\_\_ Chapter No. \_\_\_\_\_ Located at \_\_\_\_\_

I am at the present time a member of \_\_\_\_\_ Chapter No. \_\_\_\_\_ located at \_\_\_\_\_

I am also a member of \_\_\_\_\_ Chapter No. \_\_\_\_\_ located at \_\_\_\_\_

(Attach additional sheet if necessary)

*Certificates of Good Standing from all above chapters must be attached. A male petitioner must also attach a Certificate of Good Standing from a Regular Masonic Lodge.*

If I should be received into membership in your Chapter, it is my desire to retain membership in the Chapter(s) named above.

Have you petitioned any other Chapter and been rejected? \_\_\_\_\_ If yes, state name, number, location of Chapter and date of rejection \_\_\_\_\_

**EASTERN STAR HISTORY:**

Initiation Date \_\_\_\_\_ Chapter Name & No. \_\_\_\_\_ Location \_\_\_\_\_

Other Chapter History such as affiliations, demits, suspensions, reinstatements, etc. giving date, chapter and location

I declare upon my honor that the above answers are true and I hereby authorize the Chapter to conduct a full investigation of my moral standing.

Signed \_\_\_\_\_ Phone Numbers (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
(Petitioner)

Recommended by:

\_\_\_\_\_  
\_\_\_\_\_

Referred to the following investigating committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPORT OF INVESTIGATION COMMITTEE**

The undersigned, your committee appointed to investigate and report upon the foregoing petition, respectfully state that they have discharged the trust confided to them, and report \_\_\_\_\_ favorably.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Received \_\_\_\_\_ Date Elected \_\_\_\_\_ Date Rejected \_\_\_\_\_

(Send this notice to the Grand Secretary when the petition is voted upon)

NOTIFICATION OF ELECTION TO TRANSFER OF MEMBERSHIP

Sister (Brother) \_\_\_\_\_ of \_\_\_\_\_ Chapter No. \_\_\_\_\_, O. E. S.  
Located at \_\_\_\_\_, \_\_\_\_\_ was elected to membership in this Chapter by transfer from  
\_\_\_\_\_, \_\_\_\_\_  
(city) (state)  
\_\_\_\_\_ Chapter No. \_\_\_\_\_ Located at \_\_\_\_\_, \_\_\_\_\_  
(city) (state)  
on \_\_\_\_\_.  
(Date Elected)

According to our records, she/he is also a member of the following chapters: \_\_\_\_\_  
\_\_\_\_\_.

Seal

\_\_\_\_\_  
Secretary  
\_\_\_\_\_ Chapter No. \_\_\_\_\_, O. E. S.  
at \_\_\_\_\_, Louisiana

(Send this notice to the Chapter transferring from when the petition is voted upon)

NOTIFICATION OF ELECTION TO TRANSFER OF MEMBERSHIP

From \_\_\_\_\_ Chapter No. \_\_\_\_\_, O. E. S. \_\_\_\_\_, Louisiana  
To the Worthy Matron, Officers and Members of \_\_\_\_\_ Chapter No. \_\_\_\_\_, O. E. S.  
located at \_\_\_\_\_, \_\_\_\_\_.  
(City) (State)

Sister (Brother) \_\_\_\_\_, a member of your Chapter was elected to Membership  
in this Chapter by transfer from your Chapter on \_\_\_\_\_. They should be dropped from your rolls  
on this date. (date elected)

seal

\_\_\_\_\_  
Secretary  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City, State & Zip Code

(Send this notice to all Chapters of which the petitioner is a member when the petition is voted upon)

NOTIFICATION OF ELECTION TO TRANSFER OF MEMBERSHIP

From \_\_\_\_\_ Chapter No. \_\_\_\_\_, O. E. S. \_\_\_\_\_, Louisiana  
To the Worthy Matron, Officers and Members of \_\_\_\_\_ Chapter No. \_\_\_\_\_, O. E. S.  
located at \_\_\_\_\_, \_\_\_\_\_.  
(City) (State)

Sister (Brother) \_\_\_\_\_, a member of your Chapter was elected to  
Membership in this Chapter By Transfer from Chapter \_\_\_\_\_ No. \_\_\_\_\_ on  
\_\_\_\_\_.  
(date elected)

seal

\_\_\_\_\_  
Secretary  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City, State & Zip Code