

**Petition for Membership**

**Date:** \_\_\_\_\_ **Year:** \_\_\_\_\_

To the Worthy Matron, Worthy Patron, Officers and Members of  
\_\_\_\_\_ Chapter No. \_\_\_\_, Order of the Eastern Star:  
Your Petitioner, the Wife, Mother, Widow, Sister or Daughter of Brother:  
\_\_\_\_\_ of Lodge Name \_\_\_\_\_  
located at \_\_\_\_\_ State of \_\_\_\_\_  
solicits the light and knowledge of the Order of Eastern Star in your  
Chapter.

***If the prayer of her petition is granted, she pledges her honor that  
in all respects, will conform to the legal requirements of your  
Chapter and be subject to the constitution and By-laws, rules and  
regulations of Prince Hall Grand Chapter, Order of Eastern Star  
State of Washington and Jurisdiction.***

(Petitioner) Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) - \_\_\_\_\_

Is this application of your own free will? \_\_\_\_\_

Have you ever presented a petition to or been rejected by any OES

Chapter Yes\_\_\_ No\_\_\_ Chapter Name \_\_\_\_\_

Signature: \_\_\_\_\_

Proposed by: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone: (\_\_\_\_\_) - \_\_\_\_\_

Certificate/letter attached from lodge: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount of Obligation Fee Attached \$, \_\_\_\_\_

**FINDINGS OF PHYSICIAN**

\_\_\_\_\_

\_\_\_\_\_

Physicians Name; \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

M.D., \_\_\_\_\_

**Signature**

**Questions for the Petitioner**

*(To be Answered in the Presence of the Investigating Committee)*

Q. *Do you believe in a Supreme being?*

A. Yes \_\_\_\_\_ No \_\_\_\_\_

Q. *How long have you resided in the State or Province?*

A. \_\_\_\_\_

Q. *Are your associates persons of good repute?*

A. \_\_\_\_\_

Q. *Are you married?*

A. \_\_\_\_\_

Q. *Will you show this committee your marriage certificate?*

A. \_\_\_\_\_

Q. *What is you wife's Name*

A. \_\_\_\_\_

Q. *Have you answered the foregoing questions truthfully?*

A. \_\_\_\_\_

*Petitioner Beneficiary name and Address:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Telephone:* \_\_\_\_\_

*Relationship of Beneficiary:* \_\_\_\_\_

*Next of Kin:* \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**INVESTIGATING COMMITTEE'S FINDINGS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Investigating Committee Signatures:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_