



GRAND CHAPTER ORDER OF THE EASTERN STAR

Rite of Adoption for the State of North Carolina

An Affiliate of the Most Worshipful Prince Hall Grand Lodge Free and Accepted Masons of North Carolina and Jurisdiction, Inc.

APPLICATION FOR MEMBERSHIP

To the Worthy Matron, Officers, and Members of _____ Chapter No. _____ Order of the Eastern Star located at _____, North Carolina. The undersigned applicant solicits the light and privilege of the Order of the Eastern Star in your Chapter. Should my petition be granted, I pledge that I will cheerfully conform to all of the established usages and customs of the Order.

TO BE COMPLETED BY FEMALE

I am the wife [], mother [], sister [], daughter [], widow [], of Brother _____ who is/was a member of _____ Lodge No. _____ located at _____

TO BE COMPLETED BY MALE

IF OPEN SEASON CHECK HERE

I am Brother _____ I am a member of _____ Lodge No. _____
Located at _____

TO BE COMPLETED BY ALL

Name _____ Date of Birth _____ Place of Birth _____

Marital Status: Married [], Single [], other [], _____ I am a registered voter. Yes [], No [],

Mailing Address _____

City/Town

Zipcode

Email Address

Telephone No. _____

Home

Cell

Work

Applicant's Signature _____ Recommended by _____

Beneficiary _____ Relationship _____

Beneficiary's Address _____ Date of Application _____

Address

City

State

APPLICATION FOR REINSTATEMENT

I was initiated/obligated in _____ Chapter No. _____. I lost my membership in the year of _____

(Reason for loss of membership) _____

I am a Past Matron [], Past Patron [] (Check one if applicable).

Applicant's Signature _____

Applicants for reinstating must complete the Application Form as well as the Reinstatement Form. A person must reinstate in the Chapter she/he belonged to at the time membership is lost. Any member 55 years of age or above will not be enrolled in the Benevolent Plan.

DEATH BENEFITS

At death payment will be made as follows for membership of the Benevolent Plan:

Membership at: **less than 12 months ... \$0.00** **12-24 months ... \$250.00** **25-36 months ... \$350.00** **37 months or more ... \$500.00**

I understand that if I have not petitioned for membership by age 55, I will not be enrolled in the Benevolent Plan of the Order of the Eastern Star.

Applicant's Signature _____

Certified by Chapter Secretary: Date Initiated/Obligated _____ Date Reinstated _____

Signed _____, Worthy Matron Date _____ Phone No. _____

Signed _____, Secretary Date _____ Phone No. _____

NON-BENEVOLENT CERTIFICATION

I am aware that I am not a member of the Grand Chapter Order of the Eastern Star Benevolent Department. Therefore, no death benefit will be paid by the Grand Chapter Benevolent Department at my death.

Signed _____

Date _____