



**REQUEST FOR PRIMARY CHAPTER TRANSFER
AND TERMINATION OF DUAL MEMBERSHIP**

_____, 20 ____

To: _____ Chapter No. _____

This is to advise that _____ requests transfer of Primary Chapter status from the Primary Chapter of _____ Chapter No. _____, to the Secondary Chapter of _____ Chapter No. _____, Order of the Eastern Star, State of Georgia. This action will terminate my dual membership in the Secondary Chapter when that chapter becomes my Primary Chapter.

Signature of Member

(Note: To be read as information at the Secondary Chapter meeting during Reading Communications and Bills.)

_____, 20 ____

To: _____ Chapter No. _____

This request for transfer of Primary Chapter from our dual member is forwarded for action by your Chapter.

Secondary Chapter Secretary

(Address)

(City) (State) (Zip)

(Chapter Seal)

(Note to Secretary of Secondary Chapter: After completion, original is to be sent to Secretary of Primary Chapter and 1 copy to Grand Secretary.)

_____ Primary Chapter (1 copy)
_____ Grand Secretary (1 copy)