



**Grand Chapter of Georgia**  
**Order of the Eastern Star**  
 APPLICATION FOR EMERITUS MEMBERSHIP

Date \_\_\_\_\_

From \_\_\_\_\_ Chapter No. \_\_\_\_\_

Having reached the age of Sixty Five (65) or more and having been a contributing member for twenty five (25) years or more in the Order, of which the last five years have been in Georgia, I hereby request that Emeritus Membership status be granted.

**(Please PRINT)**

Member's Name \_\_\_\_\_ GA Grand Chapter ID No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date Initiated \_\_\_\_\_

Under the name of \_\_\_\_\_  
 (Member's name at time of Initiation and other last names used, if different from current name)

NOTE: If you have been a member less than twenty five years in Georgia, please provide membership information from other Grand Jurisdictions furnishing chapter name and number, jurisdiction and dates of service on the back of this form. All information must be verified before Emeritus Membership status can be awarded.

\_\_\_\_\_  
 Signature of Member (or of Chapter Secretary when verifying request by phone)

Attach copy of Letter if request by letter.

To: Grand Chapter of Georgia \_\_\_\_\_ Date \_\_\_\_\_

The above named member has requested Emeritus Membership status. The information provided has been verified and I affirm that the member has reached the age of sixty five (65) and has been a contributing member of the Order of the Eastern Star for twenty five (25) years or more. In accordance with Section 127 of the Manual and Code, as Chapter Secretary I hereby request that Emeritus Membership status be granted to this primary member.

\_\_\_\_\_  
 Chapter Secretary

\_\_\_\_\_  
 Chapter Name and No.

(Chapter Seal)

(To be completed by Grand Secretary)

Date Emeritus Granted \_\_\_\_\_ Emeritus Card No. \_\_\_\_\_