EXCELSIOR GRAND CHAPTER ORDER OF THE EASTERN STAR

Prince Hall Affiliated, Jurisdiction of Tennessee

Dues Card Request Form

Date: _____

_____

Chapter Name No. District

_____

Street Address City/State Zip

Please print legibly.

Member Name	New / Replacement	Member Number if Replacement	Fee Collect ($15 each)

Total Amount Submitted: $_____

Check/Money Order No: _____

_____

Worthy Matron Seal

_____

Secretary

**Please mail the original to the Honored Grand Secretary's office and a copy to your District Deputy Grand Matron.