



EXCELSIOR GRAND CHAPTER ORDER OF THE EASTERN STAR

Prince Hall Affiliated, Jurisdiction of Tennessee



Dues Card Request Form

Date: _____

Chapter Name	No.	District
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Street Address	City/State	Zip
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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.**