

**APPLICATION FOR LIFE MEMBERSHIP**

\_\_\_\_\_, 20\_\_\_\_

From: \_\_\_\_\_ Chapter No. \_\_\_\_\_  
\_\_\_\_\_ Washington \_\_\_\_\_

To: **Grand Chapter of Washington, O.E.S.**  
**817 S. Vassault Street**  
**Tacoma, WA 98465**

**Please mark one of the following:**  
Purchased by the Chapter ( )  
Purchased by an Individual ( )

Enclosed find check in amount of \$ \_\_\_\_\_  
Life Membership Fee . . . . . \$ \_\_\_\_\_

**PURCHASED FOR:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_

Member was initiated in \_\_\_\_\_ Chapter No. \_\_\_\_\_, located at  
\_\_\_\_\_ on (date) \_\_\_\_\_

If membership is in another Chapter at the present time, give date of demit from original  
Chapter: \_\_\_\_\_  
Name, number and location of Chapter of present membership: \_\_\_\_\_  
\_\_\_\_\_  
Date of Affiliation/Plural membership into Present Chapter: \_\_\_\_\_

Fraternally,

(Chapter Seal)

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