

**2019 PRE-REGISTRATION FORM**  
GRAND CHAPTER OF MISSOURI, ORDER OF THE EASTERN STAR  
145<sup>TH</sup> "GIFTS FROM THE HEART" ANNUAL SESSION  
OCTOBER 13 THROUGH OCTOBER 16, 2019  
REGISTRATION REQUIRED TO ATTEND ALL SESSIONS

**ONE FORM PER PERSON  
MULTIPLE FORMS MAY BE  
SUBMITTED IN ONE ENVELOPE.  
ONE CHECK MAY BE ISSUED  
COVERING ALL REGISTRATIONS.**

**MAIL ALL REGISTRATION FORMS TO:**

DONNA MILLER  
PO BOX 47316  
KANSAS CITY MO 64188-7316      PHONE: (816) 718-3382  
e-mail: [reg.grchap@gmail.com](mailto:reg.grchap@gmail.com)

ALL PRE-REGISTRATIONS MUST BE MAILED AND  
**POSTMARKED BY SEPTEMBER 8, 2019**

**REGISTRATION FEE: \$15.00**  
(PER MEMBER)

MAKE CHECK PAYABLE TO:  
**GRAND CHAPTER OF MISSOURI OES**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**YOUR GRAND CHAPTER TITLE AS OF OCTOBER 1, 2019**

GENERAL GRAND CHAPTER OFFICE \_\_\_\_\_ JURISDICTION \_\_\_\_\_  
GEN. GR. CHAPTER COMMITTEE \_\_\_\_\_ JURISDICTION \_\_\_\_\_  
GRAND CHAPTER OFFICE \_\_\_\_\_ JURISDICTION \_\_\_\_\_  
DDGM OF THE \_\_\_\_\_ DISTRICT IN MISSOURI  
OTHER GRAND CHAPTER TITLES \_\_\_\_\_ JURISDICTION \_\_\_\_\_

**PLEASE MARK THE APPROPRIATE TITLE IF NOT INCLUDED ABOVE:**

PAST GRAND MATRON                      PAST GRAND PATRON                      WORTHY MATRON  
WORTHY PATRON                              PAST MATRON                              PAST PATRON  
MEMBER    FIFTY/FIFTY + MEMBER

**PRIMARY CHAPTER**

NAME AND NUMBER: \_\_\_\_\_ DISTRICT: \_\_\_\_\_  
LOCATION: \_\_\_\_\_ JURISDICTION: \_\_\_\_\_

**\*\*\*\*\*TRANSPORTATION TO/FROM COLUMBIA REGIONAL AIRPORT\*\*\*\*\***

ARRIVAL DATE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_  
AIRLINE: \_\_\_\_\_ GATE: \_\_\_\_\_  
DEPARTURE DATE: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_  
AIRLINE: \_\_\_\_\_ GATE: \_\_\_\_\_

CONTACT PERSON UPON ARRIVAL: \_\_\_\_\_

**REGISTRATION PACKETS WILL BE AVAILABLE FOR PICK UP BEGINNING SUNDAY, OCTOBER 13, 2019 IN THE REGISTRATION OFFICE. DUES CARDS MUST BE SHOWN TO RECEIVE YOUR PACKET.**

**\*\*\*\*\*FOR REGISTRATION COMMITTEE USE ONLY\*\*\*\*\***

DATE REC'D \_\_\_\_\_ CHECK NO. \_\_\_\_\_ AMOUNT \_\_\_\_\_ DATE DEP'D \_\_\_\_\_

CHECK ALSO FOR: \_\_\_\_\_