



# PETITION for REINSTATEMENT

(demitted and/or suspension due to non-payment of dues)

To the Worthy Matron, Officers and Members of \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)

\_\_\_\_\_ Chapter No \_\_\_\_\_ Order of the Eastern Star  
(Chapter Name) (Chapter #)

\_\_\_\_\_ Order of the Eastern Star  
(City • State • Province • Country)

The undersigned, a former member of \_\_\_\_\_ Chapter No \_\_\_\_\_

solicits reinstatement in your Chapter. If this petition be granted, they pledge to a cheerful obedience of the laws of the Order in general and the By-Laws of the Chapter in particular.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Recommended by: (must be members of petitioned Chapter)

Referred to Investigating Committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A reinstatement fee of \$ \_\_\_\_\_ must accompany this petition (which does not cover first's years dues) plus a demit or verification from a chapter in good standing. Balance of current year's dues are payable at time of petition acceptance.

# PETITIONER'S INFORMATION

NAME: \_\_\_\_\_  
(FULL NAME)

ADDRESS: \_\_\_\_\_  
(HOME ADDRESS)

\_\_\_\_\_ (HOME ADDRESS)

CITY: \_\_\_\_\_  
(HOME CITY)

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
(STATE) (ZIP + FOUR)

PHONE: \_\_\_\_\_  
(HOME PHONE)

PHONE: \_\_\_\_\_  
(CELL PHONE)

EMAIL: \_\_\_\_\_  
(EMAIL)

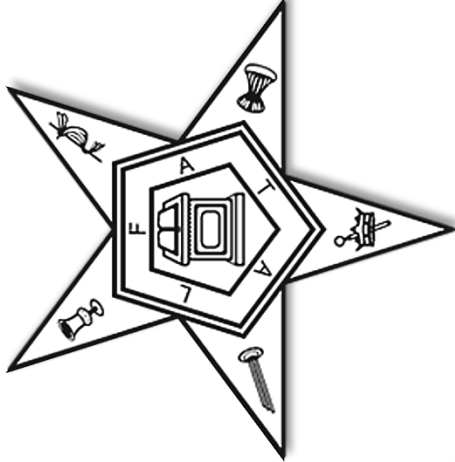
DATE of BIRTH: \_\_\_\_\_  
(xx/xx/xxxx)

## CHAPTER OF ORIGIN

\_\_\_\_\_ (CHAPTER NAME)

\_\_\_\_\_ (CHAPTER NUMBER)

\_\_\_\_\_ (LOCATION – INCLUDE STATE)



# REPORT OF COMMITTEE

To the Officers and Members of

\_\_\_\_\_ No \_\_\_\_\_ (NUMBER)  
(CHAPTER NAME)

of the Grand Chapter of MO, OES

The Committee to which was referred the petition of

\_\_\_\_\_ NAME OF PETITIONER

for **REINSTATEMENT** to the Order

Has made necessary inquiry touching upon the qualifications, eligibility, character and stand of the petitioner and their fitness to become a member.

Eligible  Ineligible

## The Committee reports:

Favorably

Unfavorably

The members of this Committee visited with the petitioner on:

\_\_\_\_\_ (DATE xx/xx/xxxx)

\_\_\_\_\_ No \_\_\_\_\_ (NUMBER)  
(CHAPTER NAME)

GRAND CHAPTER MISSOURI  
ORDER OF THE EASTERN STAR

# PETITION for REINSTATEMENT

PRESENTED: \_\_\_\_\_  
(DATE xx/xx/xxxx)

INITIATED: \_\_\_\_\_  
(DATE xx/xx/xxxx)

REFERRED: \_\_\_\_\_  
(DATE xx/xx/xxxx)

REINSTATED: \_\_\_\_\_  
(DATE xx/xx/xxxx)

REJECTED: \_\_\_\_\_  
(DATE xx/xx/xxxx)