



# PRE-REGISTRATION FORM

*IMPORTANT*

COMPLETED FORMS MUST BE POSTMARKED BY

## SEPTEMBER 7, 2026

PLEASE COMPLETE ONE FORM PER PERSON & PRINT YOUR INFORMATION  
**MULTIPLE FORMS MAY BE SENT IN ONE ENVELOPE WITH ONE CHECK PAYING FOR ALL RESERVATIONS**

**PRE-REGISTRATION FEE \$20.00 PER PERSON**

Registration Packets will be available for pick up beginning **THURSDAY, OCTOBER 8, 2026**, in the Registration Office.

**LATE REGISTRATION WILL PAY \$30.00**

Your **2026 DUES CARDS** must be shown to receive your packet.

### REGISTRATION INFORMATION

NAME: _____	CHAPTER: _____	NO. _____
ADDRESS: _____	JURISDICTION: _____	DIST. _____
CITY: _____	STATE: _____	ZIP: _____
EMAIL: _____	PHONE: (H) _____	(C) _____

#### OES TITLE AS OF OCTOBER 1, 2026 (please list below – give exact title where appropriate)

<b>General Grand Chapter</b>	Elected _____	Appointed _____
	Committee Member _____	Special Appts _____
<b>Grand Chapter Officer</b>	WGM/WGP _____	PGM/PGP _____
	Elected _____	Appointed _____
District Deputy/Lecture/Aid _____	Grand Representative _____	

*Please mark appropriate title if NOT included above or write in your title – THANK YOU.*

Worthy Matron   
  Worthy Patron   
  Past Matron   
  Past Patron   
  Member   
  50/50+

#### TRANSPORTATION TO/FROM SPRINGFIELD-BRANSON AIRPORT

ARRIVAL DATE: _____	ARRIVAL TIME: _____
AIRLINE: _____	GATE: _____
DEPARTURE DATE: _____	DEPARTURE TIME: _____
AIRLINE: _____	GATE: _____
CONTACT PERSON UPON ARRIVAL (include cell phone) _____	

MAIL COMPLETED FORM + REGISTRATION FEE TO  
**DONNA MILLER, CHAIRMAN**  
**803 NE 66<sup>TH</sup> TERR KANSAS CITY MO 64118**  
**PHONE: 816-718-3382 EMAIL: [watercan99@yahoo.com](mailto:watercan99@yahoo.com)**  
**MAKE CHECKS PAYABLE TO**  
**GRAND CHAPTER MO OES**

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

DATE POSTMARKED _____	CHECK NO. _____	AMOUNT _____	DEPOSIT DATE _____
CHECK ALSO FOR: _____			