**Myra Grand Chapter**

Order of the Eastern Star, P.H.A.

State of Maryland and Jurisdiction

Date:

Chapter: No.

**DUES CARDS/STICKER ORDER FORM - 2018**

**($1 per member)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member Name** | **Date dues paid in full** | **New Member Card** **(if requesting a Duplicate card cost is $15)** | **Sticker Only****(2018)** | **MGC Assigned Card Number****(Myra Use only)** |
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| Amount Enclosed (Total page 1 and page 2) |  |

**(Chapter Seal)**

Worthy Matron or Financial Secretary Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Use By Myra Grand Chapter**

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| Date Recd: |  | **Recd By:** |
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| Date Completed: |  | **Completed By:** |

**DUES CARDS/STICKER ORDER FORM - 2018**

**Page 2 of 2 ($1 per member)**

**Chapter No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
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