**MYRA GRAND CHAPTER**

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

**Jurisdiction of Maryland**

**APPLICATION FOR DISPENSATION**

Date:

TO: Grand Worthy Matron

Myra Grand Chapter, OES, PHA

1307 Eutaw Place

Baltimore, MD 21217

THRU: District Deputy Grand Matron

I, the undersigned, request that a dispensation be granted to:

.

Chapter No

Located at:

Reason/Purpose for Dispensation:

.

Fundraiser: (Please Include Check for $3.00 Fee)

.

Non-Fundraiser: (No Fee Required)

Location of Activity:

Date of Activity: Time: to

Day of Week Date (Month/day/year )

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

Worthy Matron Street Address or P.O. Box No.

City/State/Zip

Telephone Number:

|  |  |
| --- | --- |
| Name of Insurance Company |  |
| Policy Number: |  |

Attest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **THIS SPACE IS RESERVED FOR MYRA GRAND CHAPTER USE ONLY!** | | | | | |
| Reviewed By District Deputy Grand Matron | | | | Reviewed By Grand Secretary: | |
|  | Y | N | Reason for Denial | Date: | |
| Dispensation Approved |  |  |  | Date Granted: | Date Denied: |
| Tickets Approved |  |  |  |  |  |
| Flyers/Letters Approved |  |  |  | Reason for Denial: | |
| Date/Signed by DDGM | Signature: | | | Grand Worthy Matron | |

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| --- | --- | --- | --- | --- | --- | --- |
| Reviewed By District Deputy Grand Matron | | | | | Reviewed By Grand Secretary: | |
|  | | Y | N | Reason for Denial |  | |
| Dispensation Approved | |  |  |  | Date Granted: | Date Denied: |
| Tickets Approved | |  |  |  |  |  |
| Flyers/Letters Approved | |  |  |  | Reason for Denial: | |
| Date: | Signature: | | | | Grand Worthy Matron: | |