**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

FROM: District Deputy Grand Matron

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

District 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 )

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

District Deputy Grand Matron

Telephone Number:

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **THIS SPACE IS RESERVED FOR MYRA GRAND CHAPTER USE ONLY!** | | | | | |
| Reviewed By Grand Secretary: | | | | | Date: |
|  | **Y** | **N** | | Reason for Denial | |
| Tickets Approved |  |  | |  | |
| Flyers/Letters Approved |  |  | |  | |
| **APPROVING AUTHORITY** | | | | | |
| Date Granted: | | | Date Denied: | | |
| Reason for Denial: | | | | | |
| Grand Worthy Matron | | | | | |