



*Myra Grand Chapter
Order of the Eastern Star, P.H.A.
Jurisdiction of Maryland*

Open Window Policy Fact Sheet

Petitioner/ Applicant Information

January 26, 2018

1. Petitioner must complete a Non-Bloodline Application in full.
2. Application must be endorsed/vouched for by an active member of the Order of the Eastern Star of a Maryland Constituent Chapter.
3. Two **(2)** letters of recommendations must be submitted along with a Non-Bloodline Application.
 - a. One letter must be from an active member of the Order of the eastern Star. **(Mandatory)**
 - b. A letter from a Master Mason is acceptable (if applicant does not know a master Mason)
Additionally a letter from one of the following may be used:
 - c. A letter from a Minister/ Clergy Member.
 - d. A letter from a reputable person in the community (Public Servant, Work Supervisor, or Personal Friend).
4. A money order or cashier's check made payable to the Constituent Chapter must accompany the application. **(Mandatory)**
5. Applications, letter and funds must be received by the Chapter on or before **Thursday, May 31, 2018.**

Note: No personal checks accepted.

January 2018



***Myra Grand Chapter
Order of the Eastern Star, P.H.A.
Jurisdiction of Maryland***

NON-BLOODLINE APPLICATION

_____ Chapter No. _____
 _____ MD, _____, 20____
 (Location) (MONTH) (DAY) (YEAR)

To the Worthy Matron, Officers and Members:

The petition of the subscriber respectfully represents that entertaining a favorable opinion of your institution, she is desirous, if found worthy, of being admitted a member thereof.

She declares that she is free by birth, unbiased by the improper solicitation of friends, and uninfluenced by mercenary or other improper motives.

She further pledges herself in all things to conform to laws, rules and regulations of this Chapter and of Myra Grand Chapter, OES, PHA of the State of Maryland and its Jurisdiction.

(Please Print Clearly)

1. Name in Full: _____ / _____ / _____
 (FIRST) (MIDDLE) (LAST)

2. Age: _____ Date of Birth: _____ State: _____

3. Place of Birth: City: _____ State: _____

4. Occupation: _____ Name of Employer: _____

5. Business of Employer: _____

6. Residence of Petitioner: _____

(Number, Street, City, State and Zip Code)

Where I have resided since: _____

my former residence having been at: _____

for _____ years.

7. Married, single, divorced or widow ? _____

8. How many children have you ? _____

9. Have you ever been convicted of a felony wherein you were represented by an attorney or knowingly and voluntarily waived your right to an attorney? _____ If yes, explain _____

10. Were you convicted ? _____

11. Have you ever made application to an Eastern Star Chapter before ? _____

If so, give name of Chapter _____ Located at _____

12. Were you rejected ? _____. How many degrees did you receive ? _____

13. Name of legal heir _____

a. Relationship: _____

b. Address: _____

14. Fee enclosed: \$ _____, _____ Cashiers Check # (_____) Money Order # (_____)

(This application must be completed by the candidate in her own handwriting - in ink.)

SIGNATURE: _____ { _____ }

(E-mail Address)

TELEPHONE: Home (____)____-____ **(Cell)** (____)____-____ **(Wk)** (____)____-____

STATEMENT OF VOUCHERS

We are personally acquainted with the petitioner: _____ and have confidence in her/ his integrity and the uprightness of her/ his intent.

1. _____ Address _____ Chapter No. _____

2. _____ Address _____ Chapter No. _____

3. _____ Address _____ Chapter No. _____

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To the Worthy Matron, Officers and Members:

This Committee to whom the petition was referred to of _____, an applicant for initiation and membership, are pleased to report that they have carefully and diligently investigated the qualifications, standing and character of the petitioner.

The Committee recommends that the petition be ____ granted ____ not granted.

Given under our hands this ____ day of _____, 20 ____.

Signature of Committee Members: _____



*Myra Grand Chapter Order of
the Eastern Star, P.H.A.
Jurisdiction of Maryland*
1307 Eutaw Place
Baltimore, MD 21217
(401) 669-2372

*******WAIVER OF CHARITY FUND BENEFITS *******

This is to certify that I, _____ an
applicant for membership in _____
Chapter No. _____ Order of the Eastern Star, Prince Hall Affiliated of Maryland do hereby
WAIVE and RELINQUISH all rights and benefits from "The Myra Grand Chapter State Charity
Fund," by virtue of age limitations beyond fifty-five (55) years.

WITNESS our hands and seal, this _____ day of _____ 20 _____.

Applicant Signature

Beneficiary Signature

Approved:

Worthy Matron

Secretary-State Charity Fund

Note: To be issued in quadruplet, one each to the following: Applicant
Beneficiary
Secretary – Myra Grand State Charity Fund
Secretary – Constituent Chapter

January 2018