

THE UNITED GRAND CHAPTER OF AUSTRALIA

Order of the Eastern Star

HAVING JURISDICTION WITHIN THE STATES AND TERRITORIES OF AUSTRALIA AND ITS DEPENDENCIES

Application for Appointment as Grand Representative

Mr / Mrs / Ms / Miss Please circle		All Given Names			Surname	
	<u> </u>	1				
Address (Number and Street)				Address (Suburb)		
State		Postcode		UGCA Member Number:		
Phone (Home)				Phone (Mobile)		
Email						
<i>I am a</i> Finan	cial As	sured	member of			Chapter, No
Please Indicate						
l was Initiated ir	nto			Cha	apter, No	Date
<u>Affiliated Chapte</u> (Include Chapter and Date Joined	Name/N	umber				
<u>Summary of Presiding Offices</u> <u>Held:</u> WM/P, DGM/P, WDGM/P, WGM/P, MWGM/P including Grand/DG/WG Office-bearer (include Chapter Name/Number and Date of term(s)) <u>Other Offices Held:</u> (include Chapter Name/Number and Date of term(s))						
	lfsno	ico is ind	sufficient, please o	attach addition	al documento	ntion

 Signed
 Members Signature
 Date

 Please submit application to:
 Nrs Beth Littler
 P.O Box 5297
 DAISY HILL. QLD. 4127
 Wysecretary@oesaustralia.org.au