THE UNITED GRAND CHAPTER OF AUSTRALIA
Order of the Eastern Star

INFORMATION REQUIRED FROM MEMBERS INTERESTED IN APPOINTMENT AS A GRAND REPRESENTATIVE

NB **Financial/Assured Membership in the United Grand Chapter is a requirement for appointment as a Grand Representative**.

Your full name is Your contact details are	…… Address…… ……Post Code …… Telephone …….. email …….. United Grand Chapter Roll No. …….
You are a * Financial/Assured (* please indicate which) member of	Chapter ……No…... Financial/Assured District Grand Chapter ……..……Financial/Assured Grand Chapter ……Financial/Assured The United Grand Chapter of Australia Financial/Assured
Your OES history is set out opposite. Please include date & Chapter of initiation; date(s) and Chapter(s) of affiliation; years spent as WM/WP, Dep.GM/P, WDGM/P, WGM/P, WG Office-bearer; summary of Offices held; if in "Line" Office in Governing Body, present position	Date of Initiation: …./…./… Chapter ……..……No ……. …… …… …… …… …… …… …… …… …… …… …… If space is insufficient, please attach an additional sheet.

SIGNED: …… DATE: …../…../200….

Please return to: Mrs Lorraine Ellison
Worthy Grand Secretary
PO Box 574, LITHGOW NSW 2790
Email: ugca.wgsecretary@people.net.au