

Queen Bathsheba Grand Chapter
Order of the Eastern Star
Oklahoma Jurisdiction, PHA



Petition for Reinstatement

Please complete this form in its entirety. All information must be true and correct to be granted the privilege of reinstatement. The reinstatement fee of \$_____ must accompany this form to be considered. If reinstatement is not granted, the reinstatement fee will be returned to petitioner. Mail form to: Queen Bathsheba Grand Chapter, P.O. Box 21526, Oklahoma City, OK 73156

Name: _____

Address: _____

Telephone Number: _____

Chapter Petitioning: _____

District: # _____

Worthy Matron: _____

Worthy Matron Address: _____

Telephone Number: _____

During what years did you hold membership in this Chapter? _____

Certificate Number: _____

Are you desiring to re-instate as a result of your own free-will? Yes No

I, _____ (petitioner) understand that my ability to be reinstated is at the sole prerogative of the Grand Chapter/Grand Worthy Matron. I further understand that if I am granted reinstatement that I will be accepted into the Chapter as a new member and my prior years of service will not be counted. I further certify, that I will adhere to the rules and regulations established in the By-Laws and Constitution that governs Queen Bathsheba Grand Chapter Order of the Eastern Star and Rite of Adoption for the State of Oklahoma and Jurisdiction. I also acknowledge that I am not to attend any Chapter meetings or perform any ritualistic work until I receive written notification that the Grand Chapter/Grand Worthy Matron have approved my reinstatement.

Beneficiary Name: _____

Relationship: _____

Applicant's Signature: _____

Date: _____