

CHAPTER ELECTION FORM

**PLEASE TYPE OR PRINT LEGIBLY or FOR YOUR CONVENIENCE
A FILLABLE FORM WILL BE AVAILABLE ON THE WEB SITE
www.iowaeasterstar.org**

CHAPTER NAME: _____ # _____ LOCATION: _____

DATE OF ELECTION: _____ DATE OF INSTALLATION: _____

WORTHY MATRON: Miss, Ms. Mrs. _____ PHONE: () _____

MAILING ADDRESS: _____ ZIP: _____

E-MAIL ADDRESS: _____ PUBLISH: YES ____ NO ____

WORTHY PATRON: _____ PHONE: () _____

MAILING ADDRESS: _____ ZIP: _____

E-MAIL ADDRESS: _____ PUBLISH: YES ____ NO ____

SECRETARY: Miss, Ms. Mrs. Mr. _____ PHONE: () _____

MAILING ADDRESS: _____ ZIP: _____

E-MAIL ADDRESS: _____ PUBLISH: YES ____ NO ____

TREASURER: Miss, Ms. Mrs. Mr. _____ PHONE: () _____

E-MAIL ADDRESS: _____

STATED MEETING NIGHT: _____ TIME OF MEETING: _____

EXCEPTIONS: _____

DARK DURING THE MONTHS OF: _____ AND _____

STREET ADDRESS OF MEETING PLACE: _____

PHONE NUMBER OF MEETING PLACE: () _____

MEETNG PLACE HANDICAP ACCESSIBLE: ____ YES ____ NO

IF YES PLEASE EXPLAIN (GROUND FLOOR, CHAIRLIFT, ETC) _____

DISTRICT INSTRUCTOR: _____

**For this information to appear in the new Chapter Roster,
it must reach the office of the Grand Secretary by December 1
IF YOU DO NOT HAVE A COMPLETE ELECTION PLEASE SEND THOSE NAMED ABOVE
THAT WERE ELECTED AND SEND REMAINING INFORMATION AS SOON
AS IT IS AVAILABLE!**

**I WILL SEE THAT THE WORTHY GRAND MATRON
AND THE DISTRICT INSTRUCTOR RECEIVE COPIES**

PLEASE MAIL OR E-MAIL THIS FORM TO:

Grand Chapter of Iowa, OES
P.O. Box 72
Knoxville, IA 50138

E-mail address: iowaoes@iowatelecom.net