



Myra Grand Chapter
Order of the Eastern Star, P.H.A.
State of Maryland and Its Jurisdiction, Inc.

Non-Bloodline Policy Fact Sheet

Petitioner/Applicant Information

1. Petitioner must complete a Non-Bloodline Application in full. Handwritten by petitioner and signed in ink.
2. Money orders or cashier's checks to submit with application (i.e., no personal checks):
 - a. \$100 – payable to MGC, OES-PHA.
 - b. Constituent Chapter fees, payable to the Chapter. (Mandatory)
3. Application and funds must be received by the Chapter at least 60 days prior to degree work.
4. Petitioner must complete a 7-year criminal history record check, which must accompany the application.
5. Completion and endorsement of the MWPHGL MD Anti Hazing form.



Myra Grand Chapter
Order of the Eastern Star, P.H.A.
State of Maryland and Its Jurisdiction, Inc.

NON-BLOODLINE APPLICATION

Chapter Name and Number I am seeking membership _____

Located at _____, Maryland, on this _____ day of _____, 20____

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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, Inc.

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(Please Print Clearly)

1. Name in Full: _____ / _____ / _____
(FIRST) (MIDDLE) (LAST)
2. Age: _____ Date of Birth: _____
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)
 - a. Where I have resided since: _____
my former residence having been at: _____
for _____ years.
7. Married, single, divorced or widow?
8. Do you have children between 7 & 18, who might me interested in joining the youth fraternity? Yes No
9. Have you ever been charged with 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? Yes No
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: _____

TO BE COMPLETED BY THE CHAPTER:

14. Fee enclosed: \$ _____ Cashier's Check # (_____) Money Order # (_____)

(This application must be completed by the candidate and signed 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. Print Name: _____ Signature: _____

Address _____ Name and Chapter No. _____

2. Print Name: _____ Signature: _____

Address _____ Name and Chapter No. _____

3. Print Name: _____ Signature: _____

Address _____ Name and 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: _____

NOTE: The petition must be accompanied by a **seven-year** criminal history record check and the initiation fee.



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

**1307 Eutaw Place
Baltimore, MD 21217
(401) 669-2372**

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

This is to certify that I, _____ an
applicant for membership in _____
Chapter No. _____ Order of the Eastern Star, Prince Hall Affiliated, State of Maryland and Its
Jurisdiction, Inc. 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/Treasurer-State Charity Fund

Note: To be issued in quadruplet, one each to the following:

- Applicant
- Beneficiary
- Secretary – Constituent Chapter