

## PETITION FOR AFFILIATION

To the Worthy Matron, O	Chapter No,				
Order of the Eastern Star	of Idaho.				
The undersigned, late member of		Chapter No			
in		solicits affiliation with your Chapter. If this			
Petition be granted,he pl	edgesself to a careful ob	edience of the la	nws of the Ord	er.	
Signature					
Print full Name			(maiden	name if applicable)	
Address					
City, State, Zip Code	odePhone				
Place of Birth	Er	Email (optional)			
Date Initiated	in	Ch	apter No	State	
Recommended By: 1)		2)			
	Referred to the Following Committee on Character:				
This Petition is accompanied by requbelonged. C&D Article XII, Section	nired Demit, Certificate of Transfer or its 4.	equivalent from Cha	apter to which the p	petitioner formerly	
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REPORT	Dated this	day of			
The undersigned, your Comm	ittee on Character, in the case of		(Name in full)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	(INar			)	
a petitioner for affiliation, respectfully report		_ favorable to	admission	hereto.	
	Committee on Character _				