

Order of the Eastern Star of Wisconsin

CERTIFICATE OF DUAL MEMBERSHIP



DATE: _____

To the Worthy Matron, Officers and Members of _____ Chapter No. _____,
Order of the Eastern Star of (City/State)_____. Notice is hereby given that
Sister/Brother (Circle one) (Print First, Middle, Last Name) _____
was elected to Dual Membership in _____ Chapter No. _____, Order of the Eastern Star
of (City)_____, Wisconsin.

(SEAL)

Yours fraternally,

Secretary

(This Certificate of Dual Membership must be sent to the "Home Chapter" as soon as petitioner is elected.)

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