

PERPETUAL

MEMBERSHIP

APPLICATION FOR PERPETUAL MEMBERSHIP

NAME _____

ADDRESS _____

CHAPTER NAME _____ NUMBER _____

DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____ AGE _____

 Annual Chapter dues \$ _____ + Annual Grand Chapter per capita assessment \$24.00 X factor (see below) _____ X 1.25 = **TOTAL ONE TIME PAYMENT OF \$** _____.

I declare that I am a member in good standing of _____ Chapter No. _____ Order of the Eastern Star of Wisconsin and am desirous of becoming a Perpetual Member. I further state that my Chapter dues and Grand Chapter per capita assessment have been paid for the current year.

I submit with this application the total one-time payment identified above for the Perpetual Membership. This Membership will only apply to the above-named Chapter, unless I submit written direction to the Grand Treasurer to apply this Membership to a different Chapter.

Date _____ Signed _____
Member's Signature

Attest _____
Chapter Secretary's Signature

Member's Age	Factor	
18-33	20	SEAL
34-41	19	
42-48	18	
49-54	17	
55-60	16	
61-74	15	
75+	10	

Make check payable to "Perpetual Membership Fund, OES of WI"

For Office Use Only

Total dues \$ _____
Total Percap \$ _____ Total payment \$ _____