



Order of the Eastern Star of Wisconsin
PETITION FOR DEGREES

FEE: \_\_\_\_\_

DATE: \_\_\_\_\_

To the Worthy Matron, Officers and Members of \_\_\_\_\_ Chapter No. \_\_\_\_\_, Order of the Eastern Star of (City) \_\_\_\_\_, Wisconsin.

I (Print First, Middle, Last Name) \_\_\_\_\_ respectfully petition to receive the degrees of the Order of the Eastern Star and become a member of this chapter. If accepted I pledge myself to a cheerful obedience of the laws of the Order. I have lived within the Jurisdiction of this chapter for (Length of time) \_\_\_\_\_. I have not petitioned any other chapter and been rejected within the last two months. I believe in the existence of a Supreme Being.

(Signature of petitioner) \_\_\_\_\_.

[Phone #, Email and Birth date is for Chapter use only. Secretary, do not read.]

Mailing address: \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail address: \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

MASONIC RELATIONSHIP:

I am the (relationship) \_\_\_\_\_ of (name) \_\_\_\_\_ a member of \_\_\_\_\_ Lodge # \_\_\_\_\_, of (city/state) \_\_\_\_\_.

OR I am a Master Mason of \_\_\_\_\_ Lodge # \_\_\_\_\_ of (city/state) \_\_\_\_\_.

OR I am/was a member of \_\_\_\_\_ Assembly/Bethel # \_\_\_\_\_ (circle one)

of (city/state) \_\_\_\_\_. (For Majority Rainbow Girls or Jobs Daughters or was active for three years, a copy of the Majority certificate or proof of three years of membership must accompany this petition)

OR SPONSORSHIP:

Woman sponsored by a Sister And a Brother who are members of the Order:

Name and Chapter of Sponsoring Sister: \_\_\_\_\_

Name and Chapter of Sponsoring Brother: \_\_\_\_\_

Letters of Recommendation signed by Sponsoring Members must be attached.

The undersigned, your committee appointed to investigate and report upon the foregoing petition, respectfully state that they have discharged the trust confided to them and report favorably/unfavorably (Circle one).

Recommended by:

Referred to the following Investigating Committee:

1. Sister/Brother \_\_\_\_\_

1. Sister \_\_\_\_\_

2. Sister/Brother \_\_\_\_\_

2. Sister \_\_\_\_\_

3. Brother \_\_\_\_\_

Presented: (MM/DD/YYYY) \_\_\_\_\_

Signed by Investigating Committee:

Elected: (MM/DD/YYYY) \_\_\_\_\_

1. Sister \_\_\_\_\_

Rejected: (MM/DD/YYYY) \_\_\_\_\_

2. Sister \_\_\_\_\_

3. Brother \_\_\_\_\_