

Oziel Grand Chapter
Order of the Eastern Star, Prince Hall Affiliation
for the Jurisdiction of New Jersey, Inc.



Initial Membership Application

Date initiated: _____

Certificate No. Given: _____

Name: (Sis./Bro.) _____

Address: _____

Telephone Number (Home/Cell: _____

Email Address: _____

Member of: _____ Chapter No. _____ of _____

Age: _____ Date of Birth _____ Place of Birth _____

Married _____ Single _____ Number in Family _____

Medical Deficiencies (State if any): _____

Beneficiary (Complete Name): _____

Relationship: _____ Phone Number: _____

Address: _____ State: _____

Certified Signature of Chapter Secretary

Name: _____

Chapter Name: _____ No.: _____

Financial Secretary Signature: _____ Date: _____