

# ENDOWED MEMBERSHIP APPLICATION/PURCHASE FORM

(To be used by Subordinate Chapter Secretaries and/or Individual Members)

Please check one of the following:

\_\_\_ Endowed Membership for \_\_\_\_\_

\_\_\_ Endowed Membership in Honor of \_\_\_\_\_

\_\_\_ Endowed Membership in Memory of Deceased Member \_\_\_\_\_

## **Cost of Endowed Membership is \$500**

PAYMENT ENCLOSED: Check \$ \_\_\_\_\_

Stamps \$ \_\_\_\_\_

TOTAL \$500

Name of Endowed Member \_\_\_\_\_

(as it appears on Grand Chapter Records)

Mail Endowed Membership Certificate to:

Address \_\_\_\_\_

City and Zip \_\_\_\_\_

\_\_\_\_\_ Chapter # \_\_\_\_\_

Secretary \_\_\_\_\_

Or

Name of Purchaser \_\_\_\_\_

Application and payment to be sent to the Grand Chapter of Texas O.E.S.  
8101 Valcasi Dr. Suite 101  
Arlington, TX 76001