

“HARBOR LIGHTS” SESSION
GRAND CHAPTER OF NORTH CAROLINA, THE ORDER OF THE EASTERN STAR
JUNE 12, 13, 14, 2017 – SHERATON IMPERIAL HOTEL & CONVENTION CENTER

PRE-REGISTRATION FORM: One form per person required; postmarked by May 16, 2017

(Pre-registration is for out of state guest only)

(You may send several registration forms in same envelope with one check paying for all registrants as long as each person has a completed registration form. Registration fee is \$5.00 per person and/or proxy)

NAME _____ JURISDICTION _____

MAILING ADDRESS _____

City _____ State _____ Zip _____

PHONE # _____ E-MAIL _____

CHAPTER NAME AND # _____

North Carolina Dual members only: If you are a dual member, with proxies PLEASE DO NOT PRE-REGISTER.

TITLE AS OF JUNE 2017 (check box next to appropriate office and complete title info as necessary)

OFFICE	XXX	TITLE
GGC Elective Officer (Elective General Grand Chapter Officers do NOT pay a registration fee)	<input type="checkbox"/>	
GGC Appointed Officer	<input type="checkbox"/>	
GGCCM	<input type="checkbox"/>	
Grand Officer	<input type="checkbox"/>	
Grand Representative of _____	in _____	

(Jurisdiction you are from)

WGM	<input type="checkbox"/>	PGM	<input type="checkbox"/>	WM	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
WGP	<input type="checkbox"/>	PGP	<input type="checkbox"/>	WP	<input type="checkbox"/>	AP	<input type="checkbox"/>	PP	<input type="checkbox"/>		

Grand Jurisdiction _____

Non-refundable registration fee (U.S. Currency) payable by each in attendance and/or proxy: **\$5.00**. Check or money order should be made payable to Grand Chapter of NC, OES

Mail completed form(s) and fee(s) to:

DON ALDERMAN – REGISTRATION COMMITTEE – CO-CHAIR
 2605 Iman Drive
 Raleigh, NC 27615
 Phone: (919)676-2048 Email: _____

DO NOT SEND DUES CARDS WITH PRE-REGISTRATION

All members must present dues cards when registering/picking up Registration Packet at the Session.
 (Please write separate checks for registration and meals. These are two separate accounts.)

Signature: _____ Date Signed: _____

Please do not write in the area below. Thank you.

FOR REGISTRATION COMMITTEE USE ONLY BELOW THIS LINE:

Date Paid: _____ Check #: _____ Amount of Check: _____

Credential Prepared: _____ Date Registered: _____