



**ORDER OF THE  
EASTERN STAR**  
GENERAL GRAND  
CHAPTER



## Rob Morris Membership Program 2024-2027

The Most Worthy Grand Matron, Sister Billie Bradfield and Most Worthy Grand Patron, Brother Michael Berry will continue the Rob Morris Award Program for the 2024-2027 Triennium. This program is a jewel awarded by the General Grand Chapter to members who are signers of petitions for membership. A minimum of 300 points is required for the award. Each additional three hundred points will earn a bar designating the triennium. Those who already possess the jewel from a previous triennium may continue earning bars. Points obtained are only counted in the current triennium, except for those earned since 2021.

### Guidelines:

100 points First Line Signer of a Petition once they receive the Degrees

50 points Second Line Signer of a Petition once they receive the Degrees

50 points First Line Signer on Affiliation from Reinstatement

Points cannot be shared

Requests for jewels and bars should be requested on the proper form with the Seal of the Chapter. Awards will be sent to the Chapter Secretary unless otherwise indicated for presentation. If possible, the Worthy Grand Matron/ Worthy Grand Patron or Worthy Matron/ Worthy Patron should present the awards.

Broken or lost jewels can be replaced for a cost of \$5.00.

Forms are to be sent to:

Richard Naegele, Membership Chairman, 4210 Overton Ave., Nottingham, MD  
21236-4010

Email: [OESMembership24.27@gmail.com](mailto:OESMembership24.27@gmail.com)



## Rob Morris Membership Program 2024-2027

### Rob Morris Membership Award Request Form

- ☐ Has Completed 300 points for Rob Morris Membership Jewel and/or
- ☐ Has Completed 300 points for Triennium Bar

100 points First Line Signer of a Petition once they receive the Degrees  
50 points Second Line Signer of a Petition once they receive the Degrees  
50 points First Line Signer on Affiliation from Reinstatement

This is to certify that:

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Submitted \_\_\_\_\_

Attest:

Name of Chapter Secretary \_\_\_\_\_

Name and Number of Chapter \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Chapter Seal

Chapter Secretary Signature \_\_\_\_\_

If to be sent somewhere else, please indicate on back of form.

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