

**DR. GLORIA S. MALONE ANNUAL OES WORKSHOP
CHAPTER REGISTRATION FORM**

Chapter Name _____ **Chapter No.** _____

Secretary/Reporter Contact Information:

Name: _____

Phone Number _____ **Email** _____

Please make checks payable to **Amaranth Grand Chapter** and mail to:
Mrs. Tamah Yisrael; 540 Courtright Ct.; Pickerington, Ohio 43147
Registration Deadline **Friday, March 17th, 2023.**

PLEASE PRINT

NAME	PM/PP	Current Chapter Position	Current Grand Chapter Position	First Time Attendee Y/N	FEE Sis-\$25 Bro-\$15
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Total Enclosed: _____