

MAJORITY SERVICE AT GRAND ASSEMBLY

Name: _____ Assembly Name & No.: _____

Date of Birth: _____ Date of Initiation: _____

Date of Majority by Age: _____ **OR** Date of Majority by Marriage: _____

Assembly offices held: _____

Grand Family offices held: _____

Merit Bars received: _____

Years of Perfect Attendance: _____ Year Grand Cross of Color Received: _____

Special Recognitions: _____

Joined OES Chapter Name & Number: _____ Date: _____

Please turn this form at the Grand Recorder's Desk on Thursday evening of Grand Assembly. The Majority Cards will be provided.