



Military Order of the Stars and Bars Chapter Reactivation Application

Reactivation Application Instructions

This application is an auto-fill form and should be typed, except where the application is to be signed.

- (1) Give name, location, and reactivation date of chapter.
- (2) Submit a list of names and addresses of all members of the chapter.
- (3) List chapter officers (Commander, Lt. Commander and Adjutant).
- (4) Transfer or renewal members should pay dues of \$45.00 each if they have not paid for the current year.
- (5) Please note the following membership requirements.

Membership in the Military Order of the Stars and Bars is restricted to male lineage or collateral descendants of commissioned officers of the Armed Forces of the Confederacy, and descendants of elected or appointed officials of the Confederate Congress or Executive Branch of the civil government. There is no minimum age for membership.

Applications for Chapter Reactivation must be endorsed by the Commander of the Society wherein the new Chapter will be chartered. Chapters not within an active Society must receive endorsement by the Army Commander within whose Department the reactivated Chapter will be located. Addresses of these officers, as well as all forms mentioned above, may be obtained from the current IHQ Manager.

I certify that I have examined the foregoing document and do ___ or do not ___ recommend the approval of this application.

Date _____, 20____

Society or Army Department Commander

General Headquarters Endorsement

FROM: International Headquarters, Military Order of the Stars and Bars

To: _____ Commander _____

Chapter Name and Number

The _____ Chapter has been approved as a chapter in good standing

on _____, 20____

Adjutant General

Military Order of the Stars and Bars

Application for Reactivation

Chapter _____ Location _____

Application received _____, 20____

Application approved _____, 20____

TO: International Headquarters

We, the undersigned, hereby certify that we possess the qualifications required for membership in the Military Order of the Stars and Bars and are entitled to membership therein based on the requirements set forth in the General Society Constitution and desire to reactivate a chapter in order to assist in carrying out the noble objections and purposes as set forth in the national constitution. We hereby request the issuance of a charter for the reactivation of a chapter at:

_____ to be known as _____
City and state _____ chapter name _____

On the issuance of this charter, we agree to maintain a chapter under the above name with the required membership set forth in the General Society Constitution and Bylaws. We also agree to uphold, defend and protect the principles of the Military Order of the Stars and Bars and to comply with all rules and regulations prescribed by the State Society and the General Order of the Military Order of the Stars and Bars. We certify that the charter officers listed on this application have been duly selected and have agreed to serve until the chapter holds its first election, unless removed sooner by the chapter members.

Enclosed herein are the necessary authorized Transfer Request Forms and New Member Applications (with proof of rank, genealogical support, and checks for membership fees).

Number of transfer members _____ Number of new members _____

Reactivating Chapter Officers

Commander: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Lt. Commander: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Adjutant: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Reactivating Chapter Members

Do not list members here that have already been listed as chapter officers

Name: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Name: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Name: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Name: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Name: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Name: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Name: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Name: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Reactivating Chapter Members

Do not list members here that have already been listed as chapter officers

Name: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Name: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Name: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____

Name: _____ MOS&B Number _____

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Name: _____ MOS&B Number _____

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Phone: (____) _____ E-mail: _____

Name: _____ MOS&B Number _____

Address, city & state: _____

Phone: (____) _____ E-mail: _____