



**COLORADO GRAND CHAPTER REGISTRATION
FOR COLORADO MEMBERS ONLY**

"Always Better Together"

132nd Grand Chapter Session September 18-20, 2025

Grand Chapter will be held at the Double Tree by Hilton

3203 Quebec St, Denver, CO 80207

\$30 Registration Fee is Non-refundable

PLEASE PRINT

DATE _____

NAME _____ PM ☐ PP ☐ PGM ☐ PGP ☐ GGC ☐

ADDRESS _____ EMAIL _____

CITY, STATE & ZIP _____ PHONE _____

PRIMARY CHAPTER NAME _____ # _____ Office held as of 9/18/2025 _____

PLURAL CHAPTER NAME _____ # _____ Office held as of 9/18/2025 _____

PLURAL CHAPTER NAME _____ # _____ Office held as of 9/18/2025 _____

GRAND OFFICER TITLE (as of 9/18/2025) _____

GRAND REPRESENTATIVE OF _____ IN _____

GENERAL GRAND CHAPTER APPOINTMENT _____

OTHER TITLE/OFFICE HELD _____

****Dues cards for all chapters listed above must be presented to pick up registration packets at Grand Chapter****

GRAND CHAPTER USE ONLY

2025 DUES CARD NUMBER: PRIMARY _____ PLURAL _____ PLURAL _____ PLURAL _____ BALLOT # _____

CHECK # _____ CASH ☐ CREDIT CARD ☐ (see below) confirmation # _____

You may register online at www.oes-colorado.org June 1st, 12:00 pm through September 1st, or fill out this form and mail it along with your payment to Grand Chapter of Colorado by September 1st, Attn: Grand Secretary; 2495 South Quebec Street, #60; Denver, CO 80231-6068 - Make checks payable to **Grand Chapter of Colorado**.

ONLY cash or check will be accepted if registering at the Grand Chapter Session - No Credit Cards.

Any questions please contact CO Registration Chairman David Kochis 719-242-5846 or ko007ko@email.com

****Use a separate form for each person. A single check for a group is acceptable****

NOTE: To cover the cost of processing a credit card transaction, and pursuant to section 5-2-212, Colorado revised statutes, a seller or lessor may impose a processing surcharge in an amount not to exceed the merchant discount fee that the seller or lessor incurs in processing the transaction. A seller or lessor shall not impose a processing surcharge on payments made by cash or check.

Name as it appears on Credit Card _____

Credit Card Mailing address including Zip Code _____

CREDIT CARD #: _____ - _____ - _____

Expiration Date ____ / ____ Security Code ____ (located on back of card)

Once Credit Card is processed, this portion will be removed and shredded