

**COLORADO GRAND CHAPTER REGISTRATION
COLORADO MEMBERS ONLY**

“Wings of Love”

133rd Grand Chapter Session September 24-26, 2026

**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

ADDRESS _____ EMAIL _____

CITY, STATE & ZIP _____ PHONE _____

PRIMARY CHAPTER NAME _____ # _____ Office held as of 9/24/2026 _____

PLURAL CHAPTER NAME _____ # _____ Office held as of 9/24/2026 _____

PLURAL CHAPTER NAME _____ # _____ Office held as of 9/24/2026 _____

GRAND OFFICER TITLE (as of 9/24/2026) _____

GRAND REPRESENTATIVE OF _____ IN _____

GENERAL GRAND CHAPTER APPOINTMENT _____

OTHER TITLE/OFFICE HELD _____ 5 _____

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

You may register online at www.oes-colorado.org June 1st, noon 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 – 2760 Iron Horse Dr; Montrose, CO 81401. **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 Chair Rene’ Ballinger 303-884-2815 or reballinger9@comcast.net

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

GRAND CHAPTER USE ONLY

Current DUES CARD NUMBER: PRIMARY _____ PLURAL _____ PLURAL _____ PLURAL _____ BALLOT # _____
CHECK # _____ CASH CREDIT CARD (see below) confirmation # _____

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