



Military Order of the Stars and Bars

Chapter Reactivation Application

Reactivation Application Instructions

The application should be typed or very legibly printed, 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) The completed membership application and \$50.00 dues should be sent for each new member. New members will receive a membership certificate and lapel pin at no additional cost.
- (5) Transfer or renewal members should pay dues of \$35.00 if they have not paid for the current year.
- (6) Please note the following membership requirements.

Membership in the Military Order of the Stars and Bars is restricted to male lineage and collateral descendants of commissioned officers of the Armed Forces of the Confederacy, and descendants of elected or appointed official of the Confederate Congress or Executive branch of the civil government.

Twelve is the 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 a 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: **MOS&B International Headquarters, P.O. Box 18901, Raleigh, NC 27619-8901**



Military Order of the Stars and Bars Chapter Reactivation Application

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

Date _____, 20____

Society, Department, or Army Commander

Address

City

State

Zip

The Society Commander's Signature is required before this application for reactivation can be completed.

If the Reactivated Chapter is in a State where a Society does not presently exist, then this form MUST be sent to the Department Commander who will handle the procedures for Reactivation. The Department Commander shall then forward to the IHQ for processing.

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____

PROVISIONS OF THE CONSTITUTION – Members and Eligibility Section

1. Membership in the General Society shall be restricted to male lineal or collateral commissioned officers of the armed forces of the Confederacy or elected or appointed officials of the Confederate Executive or Legislative Branch of the civil Government. All members must be of good character and have attained the age of twelve (12) years.



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TO: International Headquarters

We, the undersigned, hereby certify that we possess the qualification required for membership in the Military Order of 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 Application Forms (with proof of rank, genealogical support and checks for membership fees). A check for the Reactivation Fee is enclosed.

Number of Transfer Memberships _____ Number of New Members _____

Reactivating Chapter Officers

Commander: _____ MOS&B No. _____

Address, City & State: _____

Phone: (_____) _____ Email: _____

Lt. Commander: _____ MOS&B No. _____

Address, City & State: _____

Phone: (_____) _____ Email: _____

Adjutant: _____ MOS&B No. _____

Address, City & State: _____

Phone: (_____) _____ Email: _____



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Reactivating Chapter Members

Name: _____ MOS&B No. _____

Address, City & State: _____

Phone: (_____) _____ Email: _____

Name: _____ MOS&B No. _____

Address, City & State: _____

Phone: (_____) _____ Email: _____

Name: _____ MOS&B No. _____

Address, City & State: _____

Phone: (_____) _____ Email: _____

Name: _____ MOS&B No. _____

Address, City & State: _____

Phone: (_____) _____ Email: _____

Name: _____ MOS&B No. _____

Address, City & State: _____

Phone: (_____) _____ Email: _____

Name: _____ MOS&B No. _____

Address, City & State: _____

Phone: (_____) _____ Email: _____

We hereby certify that the foregoing is a true and correct roster of the Chapter Officers and Members making application for this charter. (Attach additional sheets, if necessary, to list all Chapter members.)

Commander Signature

Adjutant Signature