

ESTARL RENEWAL APPLICATION

Rev. 02/17

Date: _____

APPLICANT INFORMATION

Name: _____

Current Mailing Address: _____

Email Address: _____

Phone: (_____) _____

Legal Resident of Indiana?: (_____) YES (_____) NO

If YES, which of the following apply?

____ Hold Indiana driver's license

____ Have legal Indiana mailing address

____ Pay Indiana state income tax

EDUCATION

Have you previously attended college? (_____) YES (_____) NO

If YES, what is your degree? (_____) BS (_____) MS (_____) PhD

Attending which? (_____) COLLEGE/UNIVERSITY (_____) Seminary

Complete name and address of College, University, or Seminary where currently enrolled:

Name: _____

Address: _____

EMPLOYMENT

Currently employer? (_____) YES (_____) NO

If YES, give name and address of employer

Name: _____

Address: _____

Name of Sponsoring Chapter: _____

REQUIRED DOCUMENTS THAT MUST ACCOMPANY THIS RENEWAL APPLICATION:

Official College/University/Seminary Transcript

Intent of Plans

Thank You. Please return all documents by May 5, 2024 to:

ESTARL Chairman

LeVon Holmes, PGM

3801 S. Cedar Creek Lane

New Palestine, IN 46163

All documents are available on line at: www.indianaoes.org > Documents.”