



**Grand Assembly of Rhode Island  
Application for Grand Office 2021-2022**

*Complete online using the text feature. Use the pen feature for signatures.*

**NAME:** \_\_\_\_\_

**ADDRESS:**  
\_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**ASSEMBLY:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**PREVIOUS GRAND OFFICES:**  
\_\_\_\_\_

**I would like to serve Rhode Island Grand Assembly as a Grand Officer because:**  
\_\_\_\_\_

**I would like to serve Rhode Island Rainbow as Grand Worthy Advisor at some time because: (Leave blank if not interested)**  
\_\_\_\_\_

I am aware that my daughter is interested in the position of Grand Worthy Advisor and approve her choice.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Parent's Signature**

\*\*\*\*\*

- I agree:**
- To follow the "Rules of Rhode Island Rainbow" including dress code at all Rainbow functions, or I understand that I will lose my position as a Grand Officer.**
  - To uphold the dignity of Rainbow in all my travels and on social media.**
  - To accept whatever Grand Office I am selected to fill and fulfill the responsibilities of my Grand Office according to the Grand Officers' book.**
  - That I will be removed as a Grand Officer if I miss TWO state functions.**
  - That Rhode Island Grand Assembly will be purchasing gowns this term and will provide my measurements and payment of \$100 for the gown (for sizes 0-30) by February 14, 2021. See size chart attached.**

\_\_\_\_\_ **Signature**

\*\*\*\*\*

\_\_\_\_\_ (printed name)

( ) expects to be a candidate for election as Faith, and if elected and installed, will be qualified to be a Grand Officer. OR

( ) will complete a term as Faith or higher in February.

\_\_\_\_\_ Mother Advisor

.....  
**GRAND REPRESENTATIVE APPLICATION**

**STATE or STATES**

**DESIRED:** \_\_\_\_\_

—  
**WHY:** \_\_\_\_\_

**I would like to serve Rhode Island Grand Assembly as a Grand Representative because:**

**I have a current passport. Yes \_\_\_\_\_ No \_\_\_\_\_**

\*\*\*\*\*

**I agree:**

**That I will contact my counterpart at least once a month.**

**That I will contact Mrs. Mitchell-Winters, Chairman of Grand Representatives if I do not receive a reply to my first two letters.**

**That I will prepare whatever item is requested and a one minute presentation on my Jurisdiction(s) for Grand Representatives Day.**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Printed Name**

**This form must be sent to Mrs. Deborah Therrien, Supreme Deputy at 24 Fir Glade Drive, Warwick, RI 02886 or emailed to [rhodeislandiorg@gmail.com](mailto:rhodeislandiorg@gmail.com) by **February 14, 2021.****