

## OSC Charter Application

Once completed please return this form to Brother Emrys at [knightsofmatrix@gmail.com](mailto:knightsofmatrix@gmail.com). If approved, you will receive an official OSC Charter by mail or e-mail. At that time, please be sure to pay any charter or membership dues that may be required.

**Proposed name of the new Grove or Triad:** \_\_\_\_\_

(Usually this includes location, type of grove, etc. – Example: Oak Branch OSC Grove of Dayton, Ohio)

**Location** (City and State): \_\_\_\_\_ **How many initial members do you have?** \_\_\_\_\_

**Type of group** (please note that groves, chapters, and circles require a minimum of 7 members):

☐ Triad (3-6 members)   ☐ Coed Grove   ☐ Brotherhood Chapter   ☐ Sisterhood Circle  
☐ Cyber Grove (only or primarily online)

**Does your Grove or Triad have a specific focus?** (Examples include specific practices within Druidry, patron deities, demographic groups such as LGBTQ folks, etc.)

\_\_\_\_\_

**Please provide an additional summary of what your chapter will be about including any ideas or plans you may have, including the types of events you intend to hold:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Main contact person

**Name:** \_\_\_\_\_ **Craft name** (if applicable): \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Alternate e-mail:** \_\_\_\_\_

Please include a list of your initial members including name, craft name, location (city and state), and e-mail address. If you have selected officers, please be sure to note their position within your chapter.