

TO THE WORTHY MATRON AND SECRETARY,

On or before the **31st of January** forward to the **Grand Secretary** this statistical report for the preceding year, signed by the Worthy Matron and Secretary. Before beginning report, make additional blank copies if you feel you will need them. Make the report in duplicate and keep one copy in your own Chapter files.

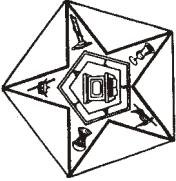
Enter the names of EVERY MEMBER of the Chapter in ALPHABETICAL order under the heading "Names of Members" on page 2. Please type or use a computer. Put the surname first, then the prefix **Mrs.** or **Miss**, then the given name in full. Example: Adams, Mrs. Mary Q. Add the letters **PM** or **PP** after each Past Matron or Past Patron, and if such title came through service in another Chapter or Grand Jurisdiction, that Chapter or Jurisdiction must be so designated. Example: Adams, Mrs. Mary Q., PM #__ (the chapter number), indicating the other Idaho chapter in which this member has been Worthy Matron, or Adams, Mrs. Mary Q., PM-__ (the two-letter state abbreviation), indicating the other Grand Jurisdiction in which this member has been Worthy Matron. Also use the letters **VPL** to designate **Voluntary Prepaid Life** members; **GS** for fifty year members; **DM1** for dual members for whom you are the primary chapter; **DM2#__** (the chapter number) indicating the primary chapter for dual members for whom you are the secondary chapter and the primary chapter is another Idaho chapter, or **DM2__** (the two-letter state abbreviation) for dual members for whom you are the secondary chapter and the primary chapter is in another Grand Jurisdiction.

If there is a member that you have been unable to locate, report this member on page 9. Report the name change of any member on page 9. It is very difficult to follow members through the Grand Chapter records if these name changes are not recorded.

Figure the per capita tax on EVERY MEMBER of the Chapter as per your alphabetical listing on page 2. Be sure your recapitulation tallies with the items on each of the pages. Include separate checks for the per capita tax of \$6.00 per member (C & D pg 18) and International Temple Fund monies. A fine of \$2.50 will be charged for late submission of this report (C & D pg 93). Remember to affix the Chapter Seal and the signatures of the Worthy Matron and the Chapter Secretary.

Any Chapter failing to submit this report shall not be allowed representation in the Grand Chapter. A Chapter failing to do so for two (2) consecutive years shall forfeit its Charter, and its effects shall revert to the Grand Chapter. (C & D pages 63-64 and 114)

DO NOT FAIL TO PLACE THE CHAPTER SEAL ON THIS REPORT
THIS REPORT MUST BE SIGNED BY THE WORTHY MATRON AND THE SECRETARY

		ANNUAL RETURNS - to the- GRAND CHAPTER OF IDAHO, O.E.S.	Chapter No. _____ Charter dated _____ Held at _____ County of _____ For the year ending December 31, _____ Date & Time of Meetings _____ _____ _____ _____	Received and filed in the office of the Grand Secretary this _____ day of _____, _____
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Commencing January 1 and ending December 31

The following Officers were elected or appointed at the Stated Meeting

held on _____ and were installed into

office on _____ as follows:

Worthy Matron _____

Worthy Patron _____

Associate Matron _____

Associate Patron _____

Secretary _____

Treasurer _____

Conductress _____

Associate Conductress _____

Chaplain _____

Marshal _____

Organist _____

Adah _____

Ruth _____

Esther _____

Martha _____

Electa _____

Warder _____

Sentinel _____

Remarks:

1	_____	_____	26
2	_____	_____	27
3	_____	_____	28
4	_____	_____	29
5	_____	_____	30
6	_____	_____	31
7	_____	_____	32
8	_____	_____	33
9	_____	_____	34
10	_____	_____	35
11	_____	_____	36
12	_____	_____	37
13	_____	_____	38
14	_____	_____	39
15	_____	_____	40
16	_____	_____	41
17	_____	_____	42
18	_____	_____	43
19	_____	_____	44
20	_____	_____	45
21	_____	_____	46
22	_____	_____	47
23	_____	_____	48
24	_____	_____	49
25	_____	_____	50

51	_____	_____	76
52	_____	_____	77
53	_____	_____	78
54	_____	_____	79
55	_____	_____	80
56	_____	_____	81
57	_____	_____	82
58	_____	_____	83
59	_____	_____	84
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69	_____	_____	94
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71	_____	_____	96
72	_____	_____	97
73	_____	_____	98
74	_____	_____	99
75	_____	_____	100

101	_____	_____	126
102	_____	_____	127
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151	_____	_____	176
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201	_____	_____	226
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251	_____	_____	276
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275	_____	_____	300

301	_____	_____	326
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351	_____	_____	376
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367	_____	_____	392
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370	_____	_____	395
371	_____	_____	396
372	_____	_____	397
373	_____	_____	398
374	_____	_____	399
375	_____	_____	400

(for printing with Word Processor - number and list alphabetically)

(for printing with Word Processor - number and list alphabetically)

RECORD OF INITIATIONS

To be entered also with List of Members

- A. Give full name: Adams, Mrs. Mary Q.
- B. Present address: Street, City, State and Zip Code
- C. Date of Initiation: Month, Day and Year
- D. Place of Birth: City and State
- E. Masonic Relationship: Name of Person, Relationship,
Lodge Name & No., City and State

1. A. _____

B. _____

C. _____ D. _____

E. _____

2. A. _____

B. _____

C. _____ D. _____

E. _____

3. A. _____

B. _____

C. _____ D. _____

E. _____

4. A. _____

B. _____

C. _____ D. _____

E. _____

5. A. _____

B. _____

C. _____ D. _____

E. _____

If more initiations have taken place, continue on second page. Number this page 3 - A.

(For this year only)

To be entered also with List of Members

- A. Give full name: Adams, Mrs. Mary Q.
- B. Present address: Street, City, State and Zip Code
- C. Date of Affiliation: Month, Day and Year
- D. Date of Demit (if applicable): Month, Day and Year
- E. Dual Membership: Yes or No
- F. Chapter from: Name, No. and State
- G. Place of Birth: City and State

1. A. _____

B. _____

C. _____ D. _____ E. _____

F. _____

G. _____

2. A. _____

B. _____

C. _____ D. _____ E. _____

F. _____

G. _____

3. A. _____

B. _____

C. _____ D. _____ E. _____

F. _____

G. _____

4. A. _____

B. _____

C. _____ D. _____ E. _____

F. _____

G. _____

If more affiliations have taken place, continue on second page.

Number this page 4 A.

Page 5 **RECORD OF REINSTATEMENTS**

To be entered also with List of Members

A. Give full name B. Date: Month, Day and Year

1. A. _____ B. _____

2. A. _____ B. _____

3. A. _____ B. _____

4. A. _____ B. _____

5. A. _____ B. _____

6. A. _____ B. _____

If more reinstatements, list on Page 5 - A

Page 6 **RECORD OF DEMITS**

To be entered here only.

A. Give name in full B. Date: Month, Day and Year

1. A. _____ B. _____

2. A. _____ B. _____

3. A. _____ B. _____

4. A. _____ B. _____

5. A. _____ B. _____

6. A. _____ B. _____

7. A. _____ B. _____

8. A. _____ B. _____

9. A. _____ B. _____

10. A. _____ B. _____

11. A. _____ B. _____

12. A. _____ B. _____

If more demits, list on Page 6 - A

Page 7

RECORD OF SUSPENSIONS - Non-Payment of Dues

To be entered here only.

A. Give name in full B. Date: Month, Day and Year

1. A. _____ B. _____

2. A. _____ B. _____

3. A. _____ B. _____

4. A. _____ B. _____

5. A. _____ B. _____

6. A. _____ B. _____

If more suspensions, list on Page 7 - A

Page 8

RECORD OF DEATHS

To be entered here only

A. Give name in full B. Date: Month, Day and Year

1. A. _____ B. _____

2. A. _____ B. _____

3. A. _____ B. _____

4. A. _____ B. _____

5. A. _____ B. _____

6. A. _____ B. _____

7. A. _____ B. _____

8. A. _____ B. _____

9. A. _____ B. _____

10. A. _____ B. _____

11. A. _____ B. _____

12. A. _____ B. _____

If more deaths, list on Page 8 - A

RECAPITULATION

Name of Chapter _____ No. _____

Location _____

Number of Members Last Report: _____

Number Initiated - Page 3 _____

Number Affiliated - Page 4 _____

Number Reinstated - Page 5 _____

Total Increase During Year _____ Sub-Total _____

Number Demitted - Page 6 _____

Number Suspended - Page 7 _____

Number Deceased - Page 8 _____

Number Expelled - Page 9 _____

Number Unable to locate-Pg 9 _____

Total Decrease During Year _____

PRESENT MEMBERSHIP _____

Number Rejected - Page 10 _____

Total No. Primary Dual Members _____

Total No. Secondary Dual Members _____

Total No. Fifty Year Members _____

GRAND CHAPTER PER CAPITA TAX DUE

Figure Per Capita on every member of the Chapter

On _____ Members at \$6.00 each \$ _____

Amount Delinquent for Year _____

TOTAL REMITTANCE FOR PER CAPITA TAX \$ _____

I certify the foregoing report to be correct and true. WITNESS My Hand and Seal of our Chapter this _____ day of _____, _____.

Seal _____
Chapter Secretary

I certify that I have carefully examined the foregoing report and find it to be correct.

Worthy Matron