Report for the year 2009

The following Officers were elected or appointed at the Stated Meeting held on _____, _____ and were installed into office on _____, _____.

Worthy Matron

Worthy Patron

Associate Matron

Associate Patron

Secretary

Treasurer

Conductress

Associate Conductress

Chaplain

Marshal

Organist

Adah

Ruth

Esther

Martha

Electa

Warder

Sentinel

Remarks:

 Names of Members of _____ Chapter _____

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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 or Job's Daughter Bethel / Rainbow for Girls Assembly, Number, City and State*

If no one initiated, put "year and n/a" i.e. 2009 - n/a

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. _____
6. A. _____
   B. _____
   C. _____ D. _____
   E. _____

If more initiations, list on Page 3-A

Record of Affiliation and/or Dual Memberships

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:	*Month, day, year - if applicable*
E. Dual Membership:	*Yes or No*
F. Chapter from:	*Name, Number and State*

If not applicable this year, put "year and n/a" i.e. 2009 - n/a

1. A. _____
   B. _____
   C. _____ D. _____ E. _____
   F. _____
2. A. _____
   B. _____
   C. _____ D. _____ E. _____
   F. _____
3. A. _____
   B. _____
   C. _____ D. _____ E. _____
   F. _____
4. A. _____
   B. _____
   C. _____ D. _____ E. _____
   F. _____
5. A. _____
   B. _____
   C. _____ D. _____ E. _____
   F. _____
6. A. _____
   B. _____
   C. _____ D. _____ E. _____
   F. _____

If more affiliations, list on Page 4-A.

Page 5

Record of Reinstatements

to be entered also with List of Members

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

If not applicable this year, put "year and n/a" i.e. 2009 - n/a

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 full name *B. Date: Month, Day, Year*

If not applicable this year, put "year and n/a" i.e. 2009 - n/a

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. _____
13. 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 full name *B. Date: Month, Day, Year*

If not applicable this year, put "year and n/a" i.e. 2009 - n/a

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 full name *B. Date: Month, Day, 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. _____
13. A._____ B. _____
14. A._____ B. _____
15. A._____ B. _____
16. A._____ B. _____

If more deaths, list on Page 8 - A

Page 9 **E**xpelled, Withdrawn, Suspended for Other Causes, Unable to Locate

to be entered here only

A. Give full name *B. Date in full* *C. Cause*

If not applicable this year, put "year and n/a" i.e. 2009 - n/a

1. A. _____ B. _____

   C. _____

2. A. _____ B. _____

   C. _____

If more to be listed, continue on Page 9 - A

Page 10

Record of Rejections

To be entered here only

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

If not applicable this year, put "year and n/a" i.e. 2009 - n/a

1. A. _____ B. _____

1. A. _____ B. _____

If more rejections, list on Page 10 – A

Page 11 Change of Name of Any Member since last report

If not applicable this year, put "year and n/a" i.e. 2009 - n/a

Prior name *New Name*

_____

_____

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Recapitulation

_____ Chapter No. _____ _____, Idaho

Number of Members on last Report _____

Number of members: Initiated - Page 3 _____

Affiliated - Page 4 _____

Reinstated - Page 5 _____

Total Increase During The Year: _____

Sub-total _____

Number of members: Demitted - Page 6 _____

Suspended - Page 7 _____

Deceased - Page 8 _____

Expelled - Page 9 _____

Unable to Locate - Page 9 _____

Total Decrease During The Year: _____

Present Membership, December 31, 2009 _____

Number Rejected - Page 10 _____

Total number of Primary Dual Members _____

Total number of Secondary Dual Members _____

Total number of Fifty Year Members _____

Grand Chapter Per Capita Tax *($9.00 for Idaho Grand Chapters/$1.00 for GGC)*
(Calculate Per Capita on every member of the Chapter at $10.00 per member)

Total Remittance for Per Capita Tax $_____

Certification

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

_____ of _____, _____.

(seal)

_____
Chapter Secretary

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

_____
Worthy Matron