

Report for the year 2011

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: _____

- | | |
|-----|-----|
| 1. | 42. |
| 2. | 43. |
| 3. | 44. |
| 4. | 45. |
| 5. | 46. |
| 6. | 47. |
| 7. | 48. |
| 8. | 49. |
| 9. | 50. |
| 10. | 51. |
| 11. | 52. |
| 12. | 53. |
| 13. | 54. |
| 14. | 55. |
| 15. | 56. |
| 16. | 57. |
| 17. | 58. |
| 18. | 59. |
| 19. | 60. |
| 20. | 61. |
| 21. | 62. |
| 22. | 63. |
| 23. | 64. |
| 24. | 65. |
| 25. | 66. |
| 26. | 67. |
| 27. | 68. |
| 28. | 69. |
| 29. | 70. |
| 30. | 71. |
| 31. | 72. |
| 32. | 73. |
| 33. | 74. |
| 34. | 75. |
| 35. | 76. |
| 36. | 77. |
| 37. | 78. |
| 38. | 79. |
| 39. | 80. |
| 40. | |
| 41. | |

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. 2011 - 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 3A

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. 2011 - 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 4A.

Page 5

Record of Reinstatements
to be entered also with List of Members

If not applicable this year, put "year and n/a" i.e. 2011 - n/a

<i>A. Give full name</i>	<i>B. Date Reinstated: Month, Day, Year</i>
1. A. _____	B. _____
2. A. _____	B. _____
3. A. _____	B. _____
4. A. _____	B. _____
5. A. _____	B. _____
6. A. _____	B. _____

If more reinstatements, list on Page 5A

Page 6

Record of Demits
to be entered here only

If not applicable this year, put "year and n/a" i.e. 2011 - n/a

<i>A. Give full name</i>	<i>B. Date: Month, Day, Year</i>
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 6A

Page 7

Record of Suspensions - Non-payment of Dues
to be entered here only

If not applicable this year, put "year and n/a" i.e. 2011 - n/a

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. _____

If more suspensions, list on Page 7 A

Page 8

Record of Deaths
to be entered here only

If not applicable this year, put "year and n/a" i.e. 2011 - n/a

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

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, 2011 _____

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 (\$10.00 for Idaho Grand Chapters/\$1.00 for GGC)
(Calculate Per Capita on every member of the Chapter at \$11.00 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 _____, _____.

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

Worthy Matron

(seal)

Chapter Secretary