



INSTALLATION REPORT

Transmit to the **Worthy Grand Matron, Associate Grand Matron, Grand Conductress** and the **Grand Secretary** within ten (10) days after Installation a typewritten list of the Chapter Officers, signed by the Worthy Matron and the Secretary, with the Chapter seal affixed. This report shall include the date of election and installation, installing officer, full name, Past Matron or Past Patron, mailing address, telephone number and email address for all officers. If an officer was not installed, type in the name and place "NI" next to the title of that officer. A separate form shall be filled out for those installed at a later date. **A fine of \$2.50 per day to a maximum of \$50.00 will be assessed each chapter for failure to comply with the Rules and Regulations (Article IV, Section 8; ARTICLE XI, C2).** Complete physical address of the Chapter's meeting place.

_____, Idaho _____ Date

To the Worthy Grand Matron, Associate Grand Matron, Grand Conductress, and Grand Secretary, Order of the Eastern Star of Idaho:

You are hereby notified that the following members of this Chapter were elected or appointed on

_____ And installed on _____ as officers of
 _____ Chapter No. _____ Order of the Eastern Star.

Worthy Matron		PM		Phone	
Address		ZIP		EMAIL	
Worthy Patron		PP		Phone	
Address		ZIP		EMAIL	
Assoc. Matron		PM		Phone	
Address		ZIP		EMAIL	
Assoc. Patron		PP		Phone	
Address		ZIP		EMAIL	
Secretary		PM/P		Phone	
Address		ZIP		EMAIL	
Treasurer		PM/P		Phone	
Address		ZIP		EMAIL	
Conductress		PM		Phone	
Address		ZIP		EMAIL	
Assoc. Cond.		PM		Phone	
Address		ZIP		EMAIL	

Chaplain		PM/P	Phone	
Address		ZIP	EMAIL	
Marshal		PM/P	Phone	
Address		ZIP	EMAIL	
Organist		PM/P	Phone	
Address		ZIP	EMAIL	
Adah		PM	Phone	
Address		ZIP	EMAIL	
Ruth		PM	Phone	
Address		ZIP	EMAIL	
Esther		PM	Phone	
Address		ZIP	EMAIL	
Martha		PM	Phone	
Address		ZIP	EMAIL	
Electa		PM	Phone	
Address		ZIP	EMAIL	
Warder		PM/P	Phone	
Address		ZIP	EMAIL	
Sentinel		PM/P	Phone	
Address		ZIP	EMAIL	

Name and Title of the Installing Officer _____

WE HEREBY CERTIFY THE FOREGOING TO BE TRUE AND CORRECT

Worthy Matron

Secretary

(Seal)

Physical address of meetings:

Date & Time of Chapter Meetings _____