



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 and telephone number for all officers. If an appointed or elected 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 will be assessed each chapter for failure to comply with the Rules and Regulations (Rules & Regulations, Article IV, Section 9).

_____, 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.

W.M. _____ PM _____ PHONE _____
ADDRESS _____ ZIP _____

W.P. _____ PP _____ PHONE _____
ADDRESS _____ ZIP _____

A.M. _____ PM _____ PHONE _____
ADDRESS _____ ZIP _____

A.P. _____ PP _____ PHONE _____
ADDRESS _____ ZIP _____

SEC'Y. _____ PM/PP _____ PHONE _____
ADDRESS _____ ZIP _____

TREAS _____ PM/PP _____ PHONE _____
ADDRESS _____ ZIP _____

COND _____ PM _____ PHONE _____
ADDRESS _____ ZIP _____

ASSOC COND _____ PM _____ PHONE _____
ADDRESS _____ ZIP _____

CHAPLAIN _____ PM/PP _____ PHONE _____

ADDRESS _____ ZIP _____

MARSHAL _____ PM/PP _____ PHONE _____

ADDRESS _____ ZIP _____

ORGANIST _____ PM/PP _____ PHONE _____

ADDRESS _____ ZIP _____

ADAH _____ PM _____ PHONE _____

ADDRESS _____ ZIP _____

RUTH _____ PM _____ PHONE _____

ADDRESS _____ ZIP _____

ESTHER _____ PM _____ PHONE _____

ADDRESS _____ ZIP _____

MARTHA _____ PM _____ PHONE _____

ADDRESS _____ ZIP _____

ELECTA _____ PM _____ PHONE _____

ADDRESS _____ ZIP _____

WARDER _____ PM/PP _____ PHONE _____

ADDRESS _____ ZIP _____

SENTINEL _____ PM/PP _____ PHONE _____

ADDRESS _____ ZIP _____

Name and Title of the Installing Officer _____

WE HEREBY CERTIFY THE FOREGOING TO BE TRUE AND CORRECT.

Worthy Matron

Secretary

SEAL

Date & time of Chapter meetings _____