



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 this report, make additional blank copies if you feel you will need them. Make the report in duplicate and **keep one copy for your own Chapter files**.

Enter the names of EVERY MEMBER of the Chapter in ALPHABETICAL order under the heading of "Names of Members" on page 2. Please type or use a computer. Put the surname first, then the given name in full. **Example: Adams, Mary Q.** Add the letters **PM** or **PP** after each Past Matron or Past Patron. If such title came through service in another Chapter or Grand Jurisdiction, that Chapter or Jurisdiction must also be designated. **Example: Adams, Mary Q., PM # ___ (the chapter number)**, indicating the other Idaho chapter in which this member has been Worthy Matron, or **Adams, 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 a check for the per capita tax of \$8.00 per member (*Code & Digest Article IV.1.A - page 12*) and International Temple monies. A fine of \$2.50 per day up to \$50.00 will be charged for the late submission of this report (*Code & Digest Article XI,C,1 - page 50*). 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. (*Code & Digest Article 1.E - page 35*).

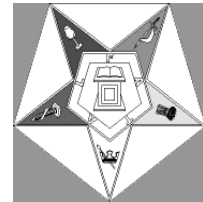
**Do not fail to place the Chapter Seal on the Report
This report must be signed by the Worthy Matron and the Secretary**

Annual Returns

to the

Grand Chapter of Idaho

Order of the Eastern Star



_____ Chapter

Charter dated

_____, _____

Held at _____,

Idaho

County of _____

For the year ending December 31,

Date and Time of Meetings



Page 1 REPORT FOR THE YEAR 2008
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.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.

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. _____

RECORD OF AFFILIATIONS &/OR DUAL MEMBERSHIPS

(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
- F. Dual Membership: Yes or No
- G. Chapter from: Name, No. and State
- H. Place of Birth: City and State

- 1. A.
- B.
- C.
- F.
- G.

D. E.

- 2. A.
- B.
- C.
- F.
- G.

D. E.

- 3. A.
- B.
- C.
- F.
- G.

D. E.

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.

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.

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.

7. A.

B.

8. A.

B.

9. A.

B.

10.A.

B.

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. |

**EXPELLED, WITHDRAWN OR SUSPENSION FOR OTHER CAUSES
UNABLE TO LOCATE**

To be entered here only

A. Name B. Date in Full C. Cause

1. A. _____ B. _____

C. _____

2. A. _____ B. _____

C. _____

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

RECORD OF REJECTIONS

To be entered here only.

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

1. A. _____ B. _____

2. A. _____ B. _____

If more rejections, list on Page 10 - A

CHANGE OF NAME OF ANY MEMBER SINCE LAST REPORT

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Page 12 RECAPITULATION

Name of Chapter _____ No. _____ Location _____

Number of Members on Last Report _____

Number Initiated – Page 3 _____

Number Affiliated – Page 4 _____

Number Reinstated – Page 5 _____

Total Increase During the Year _____ Subtotal _____

Number Demitted – Page 6 _____

Number Suspended – Page 7 _____

Number Deceased – Page 8 _____

Number Expelled – Page 9 _____

Number Unable to Locate – Page 9 _____

Total Decrease During the Year _____

Present Membership

Number Rejected – Page 10 _____

Total # Primary Dual Members _____

Total # Secondary Dual Members _____

Total # Fifty Year Members _____

Grand Chapter Per Capita Tax (\$7.00 for Idaho Grand Chapter/\$1.00 for GGC)
(Calculate Per Capita on every member of the Chapter at \$8.00 per member) \$ _____

On _____ Members at \$7.00 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