MYRA GRAND CHAPTER – OES PHA

## ANNUAL RETURNS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter No.: \_\_\_\_\_\_\_\_\_\_\_\_\_

Charter Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day and Time of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the year beginning ***November 1, 2013*** and closing ***October 31, 2014***

Officers elected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, and installed \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Worthy Matron** | **Phone** |
| **Address** | |
| **Worthy Patron** | **Phone:** |
| **Address** | |
| **Associate Matron** | **Phone:** |
| **Address** | |
| **Associate Patron** | **Phone:** |
| **Address** | |
| **Conductress** | **Phone** |
| **Address** | |
| **Associate Conductress** | **Phone:** |
| **Address** | |
| **Financial Secretary** | **Phone:** |
| **Address** | |
| **Recording Secretary** | **Phone:** |
| **Address** | |
| **Treasurer** | **Phone:** |
| **Address** | |
| **Chairman of Trustees** | **Phone:** |
| **Address** | |
| **Trustee 2 Year** | **Phone:** |
| **Address** | |
| **Trustee 3 Year** | **Phone:** |
| **Address** | |

**MGC Annual Returns Form #1**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## APPOINTED OFFICERS

|  |  |
| --- | --- |
| **Marshal** | **Phone:** |
| **Address** | |
| **Musician** | **Phone:** |
| **Address** | |
| **Christian Flag Bearer** | **Phone:** |
| **Address** | |
| **US Flag Bearer** | **Phone:** |
| **Address** | |
| **OES Flag Bearer** | **Phone:** |
| **Address** | |
| **Chaplain** | **Phone:** |
| **Address** | |
| **Warder** | **Phone:** |
| **Address** | |
| **Sentinel** | **Phone:** |
| **Address** | |
| **Adah** | **Phone:** |
| **Address** | |
| **Ruth** | **Phone:** |
| **Address** | |
| **Esther** | **Phone:** |
| **Address** | |
| **Martha** | **Phone:** |
| **Address** | |
| **Electa** | **Phone:** |
| **Address** | |
| **Ways & Means Chairman** | **Phone:** |
| **Address** | |
| **Ways & Means Co-Chairman** | **Phone:** |
| **Address** | |
| **MGC Annual Returns Form #2** | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter No.:\_\_\_\_\_\_\_\_\_\_

### LIST OF MEMBERS

**List Alphabetically All Living Members and Present Officers**

#### Sisters First – Brothers Last

|  |  |
| --- | --- |
| **Name** | **Phone:** |
| **Address** | |
| **Name** | **Phone:** |
| **Address** | |
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| **Name** | **Phone:** |
| **Address** | |
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| **MGC Annual Returns Form #3 (May be duplicated for additional names)** | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter No.:\_\_\_\_\_\_\_\_\_\_\_\_

### PAST MATRONS and PAST PATRONS

##### List Names Alphabetically – Past Matrons First, then Past Patrons

**Names (Last Name First) Names (Last Name First)**

**MGC Annual Returns Form #4**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter No.:\_\_\_\_\_\_\_\_\_\_\_\_

### PAST GRAND OFFICERS

##### Print alphabetically names with titles and year served

**Names (Last Name First) Title Year Served**

**MGC Annual Returns Form #5**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### DEGREES CONFERRED

**Names (Last Name First)** Eastern Star Queen of the South Amaranth

# Date Date Date

**MGC Annual Returns Form #6**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter No. \_\_\_\_\_\_\_\_\_\_\_

### OTHER ACTIONS

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Affiliated** | **Demitted**  **In/Out** | **Rejected** | **Withdrawal** | **Dropped** | **Suspended** | **Expelled** | **Death** |
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**MGC Annual Return Form #7**

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### MEMBERS EXEMPTED FROM GRAND CHAPTER TAXES

List Names, Addresses and Dates Exempted (90 years of age or 50 years of consecutive service)

|  |  |
| --- | --- |
| **Name** | **Date Exempted** |
| **Address** | |
| **Name** | **Date Exempted** |
| **Address** | |
| **Name** | **Date Exempted** |
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| **Name** | **Date Exempted** |
| **Address** | |
| **Name** | **Date Exempted** |
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**MGC Form 8**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter No. \_\_\_\_\_\_\_\_\_\_\_\_

### RECAPITULATION

**Additions** **Deductions**

Number Initiated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Reinstated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Suspended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Affiliated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Expelled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Restored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Dropped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Demitted In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Demitted Out: \_\_\_\_\_\_\_\_\_\_\_\_\_

Total Additions: \_\_\_\_\_\_\_\_\_\_\_\_ Total Deductions: \_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### SUMMARIZATION

Number of members returned last year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plus total additions (above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub-total:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less Total Deductions (above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Membership:

(Should agree with number of members reported on form #3 \_\_

No. of female members\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of male members\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### FINANCIAL STATEMENT OF THE CHAPTER

Balance Brought Forward November 1, 20\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Receipts Received during fiscal year 20\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dues $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donations, etc. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Expenditures during fiscal year $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grand Lodge Maintenance Tax $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status as of October 31, 20\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paraphernalia $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monetary Worth of Chapter $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MGC Annual Returns Form #9**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less Tax exempted members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxable Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4th Quarter Tax @ $2.00 per member on roll $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Representative Fees 4 @ $2.00**  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total submitted to Myra Grand Chapter $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

We hereby certify that the forgoing is a true statement to the work done in

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the year beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_, and ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

In witness thereof, we, herewith, ascribe our names and affix the seal of the Chapter

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Retiring Worthy Matron

Seal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Retiring Financial Secretary

Countersign:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Worthy Matron (elect)** **Financial Secretary (elect)**

|  |
| --- |
| **FOR GRAND CHAPTER SECRETARY OFFICE ONLY** |

Date Returns Received: \_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Due Myra Grand Chapter: $\_\_\_\_\_\_\_\_\_\_

Amount Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grand Secretary Grand Financial Secretary

**MGC Annual Returns Form #10**