

1. Per Capita

I certify the foregoing Report to be correct and true, and herewith remit:

OFFICE
USE
ONLY

Total Members at \$1G€€ each, as shown on line **No. 18** # _____ \$ _____

Total Initiated at \$1G00 each, as shown on line **No. 2** # _____ \$ _____

Total Reinstated at \$1G00 each, as shown on line **No. 5** # _____ \$ _____

Total per capita(1)

2. International Headquarters

No. Initiated at \$5.00 each, as shown on line **No. 2** . . # _____ \$ _____

No. Transferred in at \$5.00 each, as shown on line **No. 4 A.** # _____ \$ _____

No. Dual/Plural at \$5.00 each, as shown on line **No. 4 B.** # _____ \$ _____

No. in by Demit at \$5.00 each, as shown on line **No. 4 C.** # _____ \$ _____

Total International Headquarters(2)

3. Dues Cards

(Order dues cards needed for 20__ - 20__)

Order by the sheet (8 cards per sheet)

Quantity ordered:
_____ sheets @ \$1.00/sht.(3)

Total (1), (2) and (3)

Office Use Only	
Check # _____	Amount _____
Overpaid _____	Amount Owed _____

Witness the Seal of our Chapter, This _____ day of _____, 20_____

(Seal)

Retiring Secretary - 20__ - 20__


Retiring Worthy Matron - 20__ - 20__

2044 Rev

Chapter No. _____
TAX I.D. NO. _____
DISTRICT _____ SECTION _____

Grand Chapter of Texas

ORDER OF THE EASTERN STAR



ANNUAL CHAPTER REPORT
of _____ Chapter No. _____
FOR THE YEAR
COMMENCING JUNE 1, 20____ AND ENDING
MAY 31, 20____

**The Stated Meetings of the Chapter
are held on**

Date: _____ Time: _____

_____ at _____

STREET NO. _____ CITY _____ ZIP CODE _____

TELEPHONE NO. AREA CODE / FAX NO. / EMAIL _____
(Complete Street Address of Chapter Meeting Place & Telephone No. Must Be Listed.)

The Name and Mailing Address of the **newly** elected Secretary for 20____ is:

_____ NAME _____

_____ MAILING ADDRESS _____

TOWN _____ ZIP CODE _____

TELE. NO WITH AREA CODE / FAX NO. ~~DOT~~ ~~CE\$~~

All Grand Chapter Correspondence and supplies will be mailed to the above address.

RECEIVED BY GRAND SECRETARY _____

Rect. No. _____ Dep. No. _____

**INSTRUCTIONS TO SECRETARY -
PLEASE READ**

The Constitution states: "The Secretary shall forward the Annual Report, together with all fees due the Grand Chapter to the Grand Secretary **NO LATER THAN JUNE 8TH.** Failure to comply with these directives will forfeit the vote of the Chapter at Grand Chapter." Remember, all installations held after June 23 require a Special Dispensation.

1. If possible, report should be typewritten. Mail only one (ORIGINAL) report to the Grand Secretary. It should be **SIGNED BY RETIRING SECRETARY AND RETIRING WORTHY MATRON. AFFIX SEAL on last page of report.**
2. Membership List must be in ALPHABETICAL order, Last Name first, exactly as member was reported when Initiated, unless Name Change has been made.
3. If a sister is Reinstated and was Suspended under another name, give this name in parenthesis after her present name and report Name Change.
4. Account for EVERY member on last year's report. If not on present membership list, this report must show if Died, Suspended, Demitted, etc.
5. Be sure to report DATES (mm/dd/yyyy) of Demits, Reinstatements, Affiliations, Deaths, etc.
6. If affiliated from another Grand Jurisdiction, show Chapter Name, Number, City, State and address.
7. Per Capita Dues to be paid as follows:
 - a. \$FG00 for each member (minus members in Texas Retirement Center AND 50 year members who received certificates PRIOR to 10-31-91). Only one exemption for members residing in TMRC who are also 50 year exempt members. List only as resident of TMRC.
 - b. \$FG00 for each Initiation AND Reinstatement. THIS IN ADDITION TO THE PER CAPITA TAX.
8. List ALL Past Matrons and Past Patrons of your Chapter AND Affiliated Past Matrons and Patrons from other Texas Chapters. This is very important for Credentials at Grand Chapter Sessions.
9. ~~NO LATER THAN JUNE 8. SEND ONE CHECK~~
NO LATER THAN JUNE 8. SEND ONE CHECK

GRAND SECRETARY'S OFFICE
817-Í Î HFG I

Email for Grand Secretary

RECAPITULATION

1. Total No. Members shown on previous year (20__)
Report (line 15)
2. No. Initiated _____
3. No. Consolidated _____
4. Affiliated by:
 - A. No. Transferred _____
 - B. No. Dual/Plural _____
 - C. No. Demit _____
5. No. Reinstated _____
6. **TOTAL INCREASE**
(ADD LINES 2 THROUGH 5)
7. **TOTAL INCREASE**
(ADD LINES 1 AND 6)
8. No. Demitted _____
9. No. Withdrawn (Dual/Plural only) _____
10. No. Expelled _____
11. No. Transferred to Other Chapter ... _____
12. No. Suspended _____
13. No. Died _____
14. **TOTAL DECREASE**
(ADD LINES 8 THROUGH 13)
15. **TOTAL MEMBERSHIP**
(LINE 7 MINUS LINE 14)
16. Less No. Members in Texas Masonic Retirement Center. _____
17. Less exempt 50 year Members who received certification before October 1991. _____
18. **MEMBERS SUBJECT TO PER CAPITA**
(LINE 15 MINUS LINES 16 AND 17)

TURN PAGE

DIED			
NAMES		DATE	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
EXPELLED			
1.			
2.			
3.			
4.			
5.			
6.			

NEWLY INSTALLED OFFICERS FOR THE COMING YEAR
2023 - 2024
 (ALL OFFICERS MUST BE LISTED ON REPORT)

W.M.

Address _____ City _____ Zip _____

Telephone No. _____
 Area Code / _____

W.P.

Address _____ City _____ Zip _____

Telephone No. _____
 Area Code / _____

_____ A.M.

_____ A.P.

_____ Secretary

_____ Treasurer

_____ Conductress

_____ Assoc. Cond.

_____ Chaplain

_____ Marshal

_____ Organist

_____ Adah

_____ Ruth

_____ Esther

_____ Martha

_____ Electa

_____ Warder

_____ Sentinel

Special Notes: _____

NOTE - DO NOT REPORT AS AN OFFICER,
 A MEMBER WHO HAS COME INTO THE CHAPTER
 AFTER MAY 31, 20__

**PAST MATRONS AND PAST PATRONS Of YOUR OWN CHAPTER NOW ON YOUR ROLL
Alphabetical Order – Last Name first**

	SERVED IN TEXAS CHAPTER NO. OR STATE

SUSPENDED MAY 31, 20__

Must owe dues for current and previous year to be suspended.

NAMES

- | |
|-----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |
| 9. |
| 10. |
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| 16. |
| 17. |
| 18. |
| 19. |
| 20. |

Transferred Out to Texas Chapters ONLY

This date must correspond with date of election in other Chapter.

NAMES	DATE		
--------------	-------------	--	--

- | | | | |
|----------------|--|--|--|
| 1. | | | |
| To Chapter No. | | | |
| 2. | | | |
| To Chapter No. | | | |
| 3. | | | |
| To Chapter No. | | | |
| 4. | | | |
| To Chapter No. | | | |
| 5. | | | |
| To Chapter No. | | | |

PAST MATRONS AND PAST PATRONS OF OTHER TEXAS CHAPTERS WHO ARE NOW AFFILIATED WITH THIS CHAPTER Alphabetical Order – Last Name first (Do not list if P.M. or P.P. of this Chapter)	
NAME	Served in Texas Chapter No.
AFFILIATED BY TRANSFER OR DEMIT	
DUAL/PLURAL	
PAST GRAND MATRONS AND PAST GRAND PATRONS WHO ARE MEMBERS OF THIS CHAPTER	
1.	
2.	
3.	
4.	

REINSTATED	
If suspended under different name, be sure to give that information. Only members suspended from THIS Chapter can reinstate in it. \$12.00 must be paid on each member reinstated, plus Per Capita tax.	
Name	Date
Int. Date:	Date Suspended:
Address:	
City/Zip	
Phone	
Name	Date
Int. Date:	Date Suspended:
Address:	
City/Zip	
Phone	
Name	Date
Int. Date:	Date Suspended:
Address:	
City/Zip	
Phone	
DUAL/PLURAL TO BECOME PARENT (P. 138 #8 - Code of Laws)	
Name	Demit Date
Parent Chapter Before:	#
Parent Chapter Now:	#
Name	Demit Date
Parent Chapter Before:	#
Parent Chapter Now:	#

AFFILIATED BY PLURAL MEMBERSHIP FROM OTHER GRAND JURISDICTIONS	
Name	Date.
From: #	State
Int. Date:	D.O.B.
Address:	
City/Zip	
Phone	
Name	Date.
From: #	State
Int. Date:	D.O.B.
Address:	
City/Zip	
Phone	
Name	Date.
From: #	State
Int. Date:	D.O.B.
Address:	
City/Zip	
Phone	
AFFILIATED BY DUAL MEMBERSHIP FROM OTHER GRAND JURISDICTIONS	
Name	Date.
From: #	State
Int. Date:	D.O.B.
Address:	
City/Zip	
Phone	
Name	Date.
From: #	State
Int. Date:	D.O.B.
Address:	
City/Zip	
Phone	

EXEMPT FIFTY YEAR MEMBERS BEFORE 10-31-91	
NAMES	
1.	
2.	
3.	
4.	
5.	
6.	
EXEMPT FIFTY YEAR MEMBERS OTHER GRAND JURISDICTIONS	
NAMES	
1.	
2.	
3.	
4.	
5.	
6.	
MEMBERS IN TEXAS MASONIC RETIREMENT CENTER	
NAMES	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

PLURAL MEMBERS PARENT WITH ANOTHER TEXAS CHAPTER	
NAMES	Parent Chapter No.

MEMBERS OF TEXAS DUAL/PLURAL WITH OTHER GRAND JURISDICTIONS	
NAMES	Dual State
	Plural State

AFFILIATED BY PLURAL MEMBERSHIP TEXAS CHAPTERS	
(List only those Affiliated 5-31-20__ Thru 5-31-20__)	
Name	Date
From:	Chapter #:
Int. Date:	D.O.B.
Address:	

Name	Date
From:	Chapter #:
Int. Date:	D.O.B.
Address:	

Name	Date
From:	Chapter #:
Int. Date:	D.O.B.
Address:	

Name	Date
From:	Chapter #:
Int. Date:	D.O.B.
Address:	

Name	Date
From:	Chapter #:
Int. Date:	D.O.B.
Address:	

**AFFILIATED BY PLURAL MEMBERSHIP
TEXAS CHAPTERS**

(List only those Affiliated 5-31-20__ Thru 5-31-20__)

Name	Date
From:	Chapter #:
Int. Date:	D.O.B.
Address:	
Name	Date
From:	Chapter #:
Int. Date:	D.O.B.
Address:	
Name	Date
From:	Chapter #:
Int. Date:	D.O.B.
Address:	
Name	Date
From:	Chapter #:
Int. Date:	D.O.B.
Address:	

**PARENT CHAPTER –
Plural with Other Texas Chapters**

NAMES	Plural Chapter

**PLURAL MEMBERS –
FROM OTHER GRAND JURISDICTIONS**

NAMES	Parent State

**DUAL MEMBERS –
FROM OTHER GRAND JURISDICTIONS**

NAMES	Parent State

NAMES CHANGING

by - marriage, divorce or correction of spelling
(NO NICKNAMES)

from

To

from

To

from

To

from

To

from

To

AFFILIATED BY DEMIT - GRAND OR OTHERWISE

Name _____ Date _____

From: _____ # _____ State: _____

Int. Date: _____ D.O.B. _____

Address: _____

City/Zip _____

Phone _____

Name _____ Date _____

From: _____ # _____ State: _____

Int. Date: _____ D.O.B. _____

Address: _____

City/Zip _____

Phone _____

Name _____ Date _____

From: _____ # _____ State: _____

Int. Date: _____ D.O.B. _____

Address: _____

City/Zip _____

Phone _____

Name _____ Date _____

From: _____ # _____ State: _____

Int. Date: _____ D.O.B. _____

Address: _____

City/Zip _____

Phone _____

TOTAL MEMBERS OF CHAPTER

(Include Dual/Plural Members)

Type or Print names in alphabetical order LAST NAME FIRST.
Add "Miss" or "Mrs." to ladies' names only. Correct way to list name:
"Brown, Mrs. Mary Jane." On Brothers do not show "Mr."

NAMES

Empty table for listing names.

