1. Per Capita

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

Office Use Only

Total Members at $12.00 each, as shown on line **No. 18** . . . . #_____ $_____

Total initiated at $12.00 each, as shown on line **No. 2** . . . . . #_____ $_____

Total Reinstated at $12.00 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 **2024 – 2025**)
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 - 2023 - 2024

_____
Retiring Worthy Matron - 2023 - 2024

2023 Rev

2024

Chapter No. _____
Tax ID No. _____
District_____ Section _____

Grand Chapter of Texas

ORDER OF THE EASTERN STAR

ANNUAL CHAPTER REPORT

of _____ Chapter No. _____

for the year

Commencing **June 1, 2023** and

Ending **May 31, 2024**

The Stated Meetings of the Chapter are held on

Date: _____ Time: _____

_____
at

_____
Street No.. City Zip Code

_____
Area Code and Number Email

(Complete street Address of the Chapter Meeting Place and Telephone Number MUST be listed.)

The name and Mailing Address of the **newly** elected Secretary for **2024 - 2025** is:

_____
Name

_____
Mailing Address

_____
Town Zip Code

_____
Area Code and Number Email

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. $12.00 for each member (minus members in Texas Retirement center AND 50-year members who received certificates PRIOR to 10-31-1991). Only one exemption for members residing in TMRC who are also 50-year exempt members, list only as resident of TMRC.
   b. $12.00 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. ALL FEES MUST ACOMPANY THIS REPORT NO LATER THAN JUNE 8th. **Send one check.**

GRAND SECRETARY'S OFFICE
817-563-1244

RECAPITULATION

1. Total No. Members shown on previous year (2023) 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
2024 – 2025
(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, 2024

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, 2024

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.

DEMITTED
(Plural members cannot Demit - Must be withdrawn.)

NAMES	DATE		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

– PLURAL MEMBERS WITHDRAWN –

NAMES	DATE		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

– DUAL MEMBERS WITHDRAWN –

NAMES	DATE		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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

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

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	
Name	Date.
From: #	State
Int. Date:	D.O.B.
Address:	
City/Zip	
Phone	

EXEMPT FIFTY YEAR MEMBERS
BEFORE 10-31-1991

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 5-31-2023 Thru 5-31-2024

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 5-31-2023 Thru 5-31-2024)

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:	

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

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

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

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

INITIATED

List names in alphabetical order, LAST NAME FIRST,
with "Miss" or "Mrs." for ladies' names. (NO NICKNAMES)

$12.00 must be paid on each initiation, plus Per Capita tax.

NAME — INITIATION DATE

ADDRESS

CITY — ZIP

PHONE — BIRTH DATE

NAME — INITIATION DATE

ADDRESS

CITY — ZIP

PHONE — BIRTH DATE

NAME — INITIATION DATE

ADDRESS

CITY — ZIP

PHONE — BIRTH DATE

NAME — INITIATION DATE

ADDRESS

CITY — ZIP

PHONE — BIRTH DATE

NAME — INITIATION DATE

ADDRESS

CITY — ZIP

PHONE — BIRTH DATE

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

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

AFFILIATED BY CONSOLIDATION

List all active members at time of consolidation.

CHAPTER NAME	CHAPTER NO.

MEMBERS NAME

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