

**1. Per Capita**

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

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 **2026 – 2027**)  
Order by the sheet (8 cards per sheet)

**Quantity ordered:**

\_\_ sheets @ \$1.00/sht. . . . .(3)

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

Office  
Use  
Only

|                 |                   |
|-----------------|-------------------|
| Office Use Only |                   |
| check # _____   | Amount _____      |
| Overpaid _____  | Amount Owed _____ |

Witness the Seal of our chapter , this \_\_\_\_\_ day of

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

(Seal)

\_\_\_\_\_  
Retiring Secretary - 2025 - 2026

\_\_\_\_\_  
Retiring Worthy Matron - 2025 - 2026

**2026**

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, 2025** and

Ending **May 31, 2026**

**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 **2026 - 2027** 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-Í Î HFG I

**RECAPITULATION**

1. Total No. Members shown on previous year **2025**)  
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**  
**2026 – 2027**  
 (ALL OFFICERS MUST BE LISTED ON REPORT)

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W.M.

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Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_  
 Area Code / \_\_\_\_\_

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W.P.

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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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NOTE - DO NOT REPORT AS AN OFFICER,  
 A MEMBER WHO HAS COME INTO THE  
 CHAPTER AFTER MAY 31, 2026







| <b>AFFILIATED BY PLURAL MEMBERSHIP<br/>FROM OTHER GRAND JURISDICTIONS</b> |        |
|---|--------|
| 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   |        |
| <b>AFFILIATED BY DUAL MEMBERSHIP<br/>FROM OTHER GRAND JURISDICTIONS</b>   |        |
| 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   |        |

| <b>EXEMPT FIFTY YEAR MEMBERS<br/>BEFORE 10-31-1991</b>         |  |
|--|--|
| <b>NAMES</b>   |  |
| 1.   |  |
| 2.   |  |
| 3.   |  |
| 4.   |  |
| 5.   |  |
| 6.   |  |
| <b>EXEMPT FIFTY YEAR MEMBERS<br/>OTHER GRAND JURISDICTIONS</b> |  |
| <b>NAMES</b>   |  |
| 1.   |  |
| 2.   |  |
| 3.   |  |
| 4.   |  |
| 5.   |  |
| 6.   |  |
| <b>MEMBERS IN TEXAS MASONIC<br/>RETIREMENT CENTER</b>          |  |
| <b>NAMES</b>   |  |
| 1.   |  |
| 2.   |  |
| 3.   |  |
| 4.   |  |
| 5.   |  |
| 6.   |  |
| 7.   |  |
| 8.   |  |

















