2018
END OF YEAR RETURN

_________________________________________ Chapter, No. _________

FORM 1 OFFICERS (newly Elected and Installed)
(Name in Full, Last Name First)

Elected on the _______ day of ___________________, 20 _______
Installed on the _______ day of ___________________, 20 _______

________________________________________________________________________
W.M.
________________________________________________________________________
W.P.
________________________________________________________________________
A.M.
________________________________________________________________________
A.P.
________________________________________________________________________
Secretary
________________________________________________________________________
Treasurer
________________________________________________________________________
Conductress
________________________________________________________________________
Assoc. Conductress
________________________________________________________________________
Chaplain
________________________________________________________________________
Marshall
________________________________________________________________________
Organist
________________________________________________________________________
Adah
________________________________________________________________________
Ruth
________________________________________________________________________
Esther
________________________________________________________________________
Martha
________________________________________________________________________
Electa
________________________________________________________________________
Warde
________________________________________________________________________
Sentinel
________________________________________________________________________
Jr. P. Matron
________________________________________________________________________
Jr. P. Patron
FORM 2

50 YEAR MEMBERS
AS OF MARCH 31

ALPHABETICAL, NAME IN FULL, LAST NAME FIRST

1. 

2. 

3. 

4. 

5. 

6. 

7. 

8. 

9. 

10. 

11. 

12. 

13. 

14. 

15. 

16. 

17. 

18. 

TOTAL EXEMPT ........................................... _________

FORM 4

1. Number of members in good standing on March 31, as shown by the Membership Records of the Chapter as reported on Form 12 – Monthly Return for March ……………………..

2. Number exempted from Grand Chapter and Masonic Home dues, Fifty-Year Members and Masonic Home Members …. ………………… (See Forms 2 and 3)

3. Number chargeable with Grand Chapter and Masonic Home dues …………………………………………………………… ______________

FORM 5

We hereby certify that the foregoing return is a true and correct statement of the membership of __________________________________ Chapter No. _________ for the year ending March 31.

Certified under seal of Chapter, this _____ day of _____________ A.D. 20____

______________________________________________, Worthy Matron

Attest: __________________________________________, Secretary

Checked __________

Chapter Seal

Checked __________