

Date received by Grand Secretary _____

20
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
_____	Marshal
_____	Organist
_____	Adah
_____	Ruth
_____	Esther
_____	Martha
_____	Electa
_____	Warder
_____	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 3

**CHAPTER SPONSORED MEMBERS
LIVING IN A CERTIFIED MEMORY CARE OR ALZHEIMERS UNIT**

ALPHABETICAL, NAME IN FULL, LAST NAME FIRST

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

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 Fifty-Year Members / Indigent 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

Chapter Seal

Checked _____

Checked _____