

**FORM 1****INITIATED**

NAME IN FULL, LAST NAME FIRST/ ADDRESS	& PHONE	Date of Birth	Place of Birth	Date Initiated
1 .....	&			
2 .....	&			
3 .....	&			
4 .....	&			

Month of \_\_\_\_\_, 20\_\_\_\_

**RETURN OF**

Chapter No. \_\_\_\_\_ OES

**TO THE  
GRAND CHAPTER  
OF WASHINGTON**Make Original Report for Grand Secretary  
and Keep Duplicate for Chapter Records*FOR GRAND CHAPTER USE*

Date Received by Grand Secretary:

Checked Entered **FORM 2****AFFILIATED**

NAME IN FULL, LAST NAME FIRST/ ADDRESS	& PHONE	Date of Birth	Place of Birth	Date Elected	Chapter Demitted From	No.	City and State	Indicate if PM, PP, 50 Yr. Mmbr	Date of Demit
1 .....									
2 .....									
3 .....									

**FORM 3****AFFILIATED AS DUAL MEMBERS**

NAME IN FULL, LAST NAME FIRST/ ADDRESS	& PHONE	Date of Birth	Place of Birth	Date Elected	Chapter of Other Membership	No.	City and State
1 .....							
2 .....							
3 .....							

**FORM 4****REINSTATED – Under 24 Months**

NAME IN FULL, LAST NAME FIRST	Date of Birth	Place of Birth	Date Reinstated	For What Cause Was Membership Terminated	Date Dropped	If PM, PP, So Indicate
1 .....						

**FORM 5****REINSTATED – Over 24 Months**

NAME IN FULL, LAST NAME FIRST	Date of Birth	Place of Birth	Date Reinstated	For What Cause Was Membership Terminated	Date Dropped	If PM, PP, So Indicate
1 .....						

**FORM 6****DEATHS**

If Past Matron, Past Patron, Dual Member, so state in center column

	NAME IN FULL, LAST NAME FIRST	PM PP DM	Date of Death
1			
2			
3			

**FORM 7****DEMITTED**

If Past Matron, Past Patron, Dual Member, so state in center column

	NAME IN FULL, LAST NAME FIRST	PM PP DM	Date of Demit
1			
2			
3			

**FORM 8****DROPPED FROM ROLL FOR N.P.D.**

If Past Matron, Past Patron, Dual Member, so state in center column

	NAME IN FULL, LAST NAME FIRST	PM PP DM	Date of Drop
1			
2			
3			
4			
5			
6			
7			

**FORM 9****EXPELLED/SUSPENDED**

	NAME IN FULL, LAST NAME FIRST	Date	Cause
1			
2			

**FORM 10****NAME CHANGE BY MARRIAGE OR OTHERWISE**

Arrange alphabetically – Surname First

Former Name	_____
Present Name	_____
Former Name	_____
Present Name	_____

**FORM 11****MEMBERS LOST OR FOUND**

	NAME IN FULL, LAST NAME FIRST	Date	Lost or Found
1			
2			
3			

**FORM 12****MEMBERSHIP RECAPITULATION FOR MONTH**

MEMBERS beginning of month, from last return \_\_\_\_\_

GAIN:	By Initiation	_____	
	By Affiliation	_____	
	By Affiliation for Dual Membership	_____	
	By Reinstatement	_____	
	By Other Causes	_____	
	Total Gain for month		_____
	Total membership including gain		_____

LOSS:	By Death	_____	
	By Demit	_____	
	By Expulsion	_____	
	By Suspension	_____	
	By Dropped for N.P.D.	_____	
	By Other Causes	_____	
	Total loss for month		_____

MEMBERS end of month \_\_\_\_\_

**FORM 13**

I hereby certify that the foregoing return is correct and a true statement of the membership changes of this Chapter for hits month

\_\_\_\_\_

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

Chapter Seal