

GRAND CHAPTER OF THE ORDER OF THE EASTERN STAR  
STATE OF OKLAHOMA

**ANNUAL REPORT**

CHAPTER NO. \_\_\_\_\_  
YEAR ENDING DECEMBER 31, 2017

Secretary completing report \_\_\_\_\_

Secretary for ensuing year \_\_\_\_\_

Address for Chapter mail \_\_\_\_\_

Town, Zip Code + 4 \_\_\_\_\_

Telephone – Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Daytime Phone \_\_\_\_\_

E-Mail address if applicable \_\_\_\_\_

**RECAPITULATION**

NUMBER OF MEMBERS, DECEMBER 31, 2016 \_\_\_\_\_

INITIATED \_\_\_\_\_

REINSTATED \_\_\_\_\_

AFFILIATED \_\_\_\_\_

AFFILIATED-PLURAL \_\_\_\_\_

AFFILIATED-CONSOLIDATION \_\_\_\_\_

FROM \_\_\_\_\_ CHAPTER (Name of Chapter & No. that Consol. with yours)

SUBTOTAL \_\_\_\_\_

DECEASED \_\_\_\_\_

DEMITTED \_\_\_\_\_

SUSPENDED \_\_\_\_\_

(Includes dropped plural)

SUBTOTAL \_\_\_\_\_

NUMBER OF MEMBERS, DECEMBER 31, 2017 \_\_\_\_\_

**TOTAL PER CAPITA TAX (\$4.00 per member)** \_\_\_\_\_

Number of Regular Perpetual Members \_\_\_\_\_

Number of Deceased Regular Perpetual Members \_\_\_\_\_

Number of Memorial Perpetual Members \_\_\_\_\_

This Report is to be received by the Grand Secretary by **February 15** or a \$5.00 penalty is due. (See Art. VI, Page 103, Annual Report Oklahoma Constitution and Law)

Submit an ink or typewritten copy to the Grand Secretary. Retain a copy for your permanent file. Always give full names of members, and please check all names for correct spelling. Submit changes that have occurred in your membership during this year on this report. This is required even if you have submitted Quarterly Reports.

Outgoing Worthy Matron should examine the report and sign it. Secretary must sign and affix the Chapter seal. See page 8.

A Subordinate Chapter shall annually pay to the Oklahoma Grand Chapter a per capita tax of Two dollars (\$2.00) per member on its roll on January 1 of the year of the annual report plus the per capita tax imposed by the General Grand Chapter. Making a total of **\$4.00** per member. This was effective at the close of Grand Chapter October 20, 2004.

Return all pages of this report. Do not remove those pages not used.

**THIS SECTION MUST BE COMPLETED.  
THIS INFORMATION IS USED FOR CREDENTIALS AT GRAND CHAPTER.**

**2017-2018 INSTALLED OFFICERS NEEDED**

Worthy Matron _____	Past Matron (yes) _____ (no) _____
Worthy Patron _____	Past Patron (yes) _____ (no) _____
Associate Matron _____	Past Matron (yes) _____ (no) _____
Associate Patron _____	Past Patron (yes) _____ (no) _____
Conductress _____	Past Matron (yes) _____ (no) _____
Associate Conductress _____	Past Matron (yes) _____ (no) _____

**MEMBERS WHO'S NAMES HAVE CHANGED THIS YEAR**

<u>Former Name</u>	<u>New Name</u>
_____	_____
_____	_____

PLEASE PRINT OR TYPE

INITIATED IN \_\_\_\_\_ CHAPTER NO. \_\_\_\_\_

1. NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_\_\_ Initiated (Mo/day/yr) \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Paid International Temple      yes \_\_\_\_\_      no \_\_\_\_\_
  
2. NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_\_\_ Initiated (Mo/day/yr) \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Paid International Temple      yes \_\_\_\_\_      no \_\_\_\_\_
  
3. NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_\_\_ Initiated (Mo/day/yr) \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Paid International Temple      yes \_\_\_\_\_      no \_\_\_\_\_
  
4. NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_\_\_ Initiated (Mo/day/yr) \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Paid International Temple      yes \_\_\_\_\_      no \_\_\_\_\_
  
5. NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_\_\_ Initiated (Mo/day/yr) \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Paid International Temple      yes \_\_\_\_\_      no \_\_\_\_\_
  
6. NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_\_\_ Initiated (Mo/day/yr) \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Paid International Temple      yes \_\_\_\_\_      no \_\_\_\_\_

**AFFILIATED MEMBERS**

(No Plural Members)

**Use Full Names**

1. NAME:  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Past Matron/Patron yes \_\_\_ no \_\_\_ Year \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
**Initiated** \_\_\_\_\_ in \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
Demit dated \_\_\_\_\_ Affiliated \_\_\_\_\_ in \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_  
Demit dated \_\_\_\_\_ Affiliated \_\_\_\_\_ in \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_  
Suspended \_\_\_\_\_ Reinstated \_\_\_\_\_ Suspended \_\_\_\_\_ Reinstated \_\_\_\_\_  
**DATE OF AFFILIATION WITH YOUR CHAPTER** \_\_\_\_\_  
**Paid International Temple to your Chapter?** Yes \_\_\_\_\_ No. \_\_\_\_\_

2. NAME:  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Past Matron/Patron yes \_\_\_ no \_\_\_ Year \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
**Initiated** \_\_\_\_\_ in \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
Demit dated \_\_\_\_\_ Affiliated \_\_\_\_\_ in \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_  
Demit dated \_\_\_\_\_ Affiliated \_\_\_\_\_ in \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_  
Suspended \_\_\_\_\_ Reinstated \_\_\_\_\_ Suspended \_\_\_\_\_ Reinstated \_\_\_\_\_  
**DATE OF AFFILIATION WITH YOUR CHAPTER** \_\_\_\_\_  
**Paid International Temple to your Chapter?** Yes \_\_\_\_\_ No. \_\_\_\_\_

3. NAME:  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Past Matron/Patron yes \_\_\_ no \_\_\_ Year \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
**Initiated** \_\_\_\_\_ in \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_  
Demit dated \_\_\_\_\_ Affiliated \_\_\_\_\_ in \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_  
Demit dated \_\_\_\_\_ Affiliated \_\_\_\_\_ in \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_  
Suspended \_\_\_\_\_ Reinstated \_\_\_\_\_ Suspended \_\_\_\_\_ Reinstated \_\_\_\_\_  
**DATE OF AFFILIATION WITH YOUR CHAPTER** \_\_\_\_\_  
**Paid International Temple to your Chapter?** Yes \_\_\_\_\_ No. \_\_\_\_\_

AFFILIATION DATE: Date member was elected.

DEMIT DATE: Date demit was granted.

**AFFILIATED PLURAL MEMBERS**

Use full names

1 NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Past Matron/Patron yes \_\_\_ no \_\_\_ Year \_\_\_\_\_  
 Address \_\_\_\_\_  
 City & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
 Number 1 Chapter \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_  
**Affiliation date \_\_\_\_\_ Internat'l Temple paid to your Chapter? \_\_\_**  
**DATE INITIATED \_\_\_\_\_ Chapter \_\_\_\_\_**

2 NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Past Matron/Patron yes \_\_\_ no \_\_\_ Year \_\_\_\_\_  
 Address \_\_\_\_\_  
 City & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
 Number 1 Chapter \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_  
**Affiliation date \_\_\_\_\_ Internat'l Temple paid to your Chapter? \_\_\_**  
**DATE INITIATED \_\_\_\_\_ Chapter \_\_\_\_\_**

**DEMITTED MEMBERS**

	<u>Name</u>	<u>Date: Mo/Day</u>	<u>Chapter if known</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**REINSTATED MEMBERS**

	<u>Name</u>	<u>Date: Mo/day</u>	<u>Year Suspended</u>	<u>Name When Suspended</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

REMINDER: Use full name being careful to spell name correctly. Must have month and date of demits, reinstatements and deaths. Year is always current year. If suspension requested other than 12-31, give date and reason.

**DECEASED MEMBERS**

Date: Month/Day/Year

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____

**SUSPENDED MEMBERS**

(No date required unless other than Dec. 31)

1.	_____	11.	_____
2.	_____	12.	_____
3.	_____	13.	_____
4.	_____	14.	_____
5.	_____	15.	_____
6.	_____	16.	_____
7.	_____	17.	_____
8.	_____	18.	_____
9.	_____	19.	_____
10.	_____	20.	_____

REMINDERS: Use full name being careful to spell the name correctly.

Must have month and day of demits, reinstatements and deaths.

Year is always current year.

Attach sheet of paper, properly labeled, if additional space is needed. If you are dropping a Plural member, state that on the suspension line with the member's name.

**PLURAL MEMBERS**

List all Plural Members in your Chapter on this page. Be careful to list names properly as Chapter No. 1 or Plural Membership

Chapter No. 1 Members of your Chapter who carry regular dues card)  
(Plural) Chapter/State

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

PLURAL (Members of your Chapter who carry dues card with the word Plural in pink)

		<u>(#1 Chapter/State</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

**REMINDERS ON PLURAL MEMBERSHIP:**

1. Plural members carry dues cards with the word Plural in pink. (Order from Grand Secretary.)
2. Always notify Chapter No. 1 and Grand Secretary when affiliating a Plural member.
3. Plural members pay International Temple in all chapters.
4. Per capita is paid on plural members by all Chapters.
5. Chapter No. 1 issues a regular dues card.
6. Plural Chapter(s) issues a receipt for dues with the word Plural in pink. (Order from Grand Secretary)
7. If you are a Plural Chapter, check with Chapter No. 1 to satisfy yourself that dues have been paid in Chapter No. 1.  
A member cannot pay dues in a plural Chapter if they are suspended for nonpayment of dues in Chapter No. 1.
8. The Certificate of Good Standing for Plural Membership must be certified by Grand Secretary before sending to ANOTHER STATE.

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TO THE GRAND SECRETARY:

Enclosed find \$ \_\_\_\_\_

Per Capita Tax	\$ _____ (\$4.00 per member)
International Temple	\$ _____ (\$5.00 per member)
WGM Projects (If Applicable)	\$ _____ (\$1.30 per member)

For \_\_\_\_\_ Chapter No. \_\_\_\_\_

We hereby certify that this return is correct in every particular and that each blank has been properly filled.

\_\_\_\_\_  
Junior Past Matron

\_\_\_\_\_  
Secretary

(Seal)

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Note: If **International Temple funds** are included in the check, be sure to list here the names for whom you are sending money.

_____	_____
_____	_____
_____	_____
_____	_____