

**QUARTERLY REPORT**

(Due to the Grand Secretary April, July and October)

\_\_\_\_\_ CHAPTER NO. \_\_\_\_\_ FOR THE \_\_\_\_\_ QUARTER 20 \_\_\_\_\_

**INITIATED**  
(Since Last Report)

Date Initiated	Int. Temple	Name	Address
_____	_____	(Title: Mr., Mrs. Ms.) _____ (First, MI, Last) _____	(Street) _____ (City, State, Zip) _____ (Phone) _____
_____	_____	(Title: Mr., Mrs. Ms.) _____ (First, MI, Last) _____	(Street) _____ (City, State, Zip) _____ (Phone) _____
_____	_____	(Title: Mr., Mrs. Ms.) _____ (First, MI, Last) _____	(Street) _____ (City, State, Zip) _____ (Phone) _____
_____	_____	(Title: Mr., Mrs. Ms.) _____ (First, MI, Last) _____	(Street) _____ (City, State, Zip) _____ (Phone) _____

**AFFILIATED MEMBERS**

(No Plural Members)

1. Name: \_\_\_\_\_ Address: (Street) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_  
(Phone) \_\_\_\_\_

Initiated (Date) \_\_\_\_\_ in \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_ Int. Temple \_\_\_\_\_  
Demit Date \_\_\_\_\_ Affiliated \_\_\_\_\_ in \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_  
Suspended \_\_\_\_\_ Reinstated \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: (Street) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_  
(Phone) \_\_\_\_\_

Initiated (Date) \_\_\_\_\_ in \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_ Int. Temple \_\_\_\_\_  
Demit Date \_\_\_\_\_ Affiliated \_\_\_\_\_ in \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_  
Suspended \_\_\_\_\_ Reinstated \_\_\_\_\_

**AFFILIATED PLURAL MEMBERS**

1. Name: \_\_\_\_\_ Address: (Street) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_  
(Phone) \_\_\_\_\_

No. 1 Chapter \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_ Affiliation Date \_\_\_\_\_ I/T \_\_\_\_\_  
Initiated (Date) \_\_\_\_\_ in \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: (Street) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_  
(Phone) \_\_\_\_\_

No. 1 Chapter \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_ Affiliation Date \_\_\_\_\_ I/T \_\_\_\_\_  
Initiated (Date) \_\_\_\_\_ in \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_

**DEMITTED MEMBERS**

Name: \_\_\_\_\_ Date Demitted: \_\_\_\_\_ Chapter Demitted to: \_\_\_\_\_

Name: \_\_\_\_\_ Date Demitted: \_\_\_\_\_ Chapter Demitted to: \_\_\_\_\_

**REINSTATED MEMBERS**

1. Name: \_\_\_\_\_ Date Reinstated: \_\_\_\_\_

Year Suspended: \_\_\_\_\_ Name at Time of Suspension: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date Reinstated: \_\_\_\_\_

Year Suspended: \_\_\_\_\_ Name at Time of Suspension: \_\_\_\_\_

**DECEASED MEMBERS**

Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

**SUSPENDED MEMBERS**

Name: \_\_\_\_\_ Date of Suspension: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Suspension: \_\_\_\_\_

**ADDRESS CHANGES**

(Since Last Report)

1. Name \_\_\_\_\_ Old Address: (Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

New Address: (Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

2. Name \_\_\_\_\_ Old Address: (Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

New Address: (Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

3. Name \_\_\_\_\_ Old Address: (Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

New Address: (Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

**NAME CHANGES**

Former Name: \_\_\_\_\_ New Name: \_\_\_\_\_

Former Name: \_\_\_\_\_ New Name: \_\_\_\_\_

Any Checks submitted for the following:

OMRF \_\_\_\_\_

Rainbow \_\_\_\_\_

DeMolay \_\_\_\_\_

Jobs Daughters \_\_\_\_\_

Supplies \_\_\_\_\_

ESTARL \_\_\_\_\_

Other Donations \_\_\_\_\_

Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_