	State of Washin	apter, Order of Eastern Star gton and Jurisdiction ly Report
Date		
Chapter Name/No		Location:
Meeting Day/Time	::	
Active Members:	Number of Indigent	Members:
Indigent Member I	Full Names:	
Grand Life Membe	ers (Full Names):	
Total Number of M	Iembers in Your Chapter:	
Grand Chapter T	ax @ \$ 4.75 Per Member	Grand Charity @ \$ 1.50 Per Member
Sept 15,	\$	Sept 15, \$
Dec 15,	\$	Dec 15, \$
Mar 15,	\$	Mar 15, \$
Jun 15,	\$	Jun 15, \$
Initiations - \$10.0		INE INFORMATION

Number of members who joined during the open Blood Line Period

(Only count new members with non-Masonic affiliation and record on the line above)

Name	Address	Phone	Beneficiary

Deceased Name

Rejected Name

Affiliated into your Chapter Name: Address

Demitted out of your Chapter Name: Address

Reinstated: Name: Address

Suspended for Nonpayment of Dues: Name

Suspended by Grand Chapter: Name

Worthy Matron

Secretary Signature and seal