

Additions

Initiated

Date _____ Name _____
Address _____

Date _____ Name _____
Address _____

Date _____ Name _____
Address _____

Date _____ Name _____
Address _____

Affiliated

Date _____ Name _____
By demit from _____ Chapter No. _____
Address _____

Date _____ Name _____
By demit from _____ Chapter No. _____
Address _____

Date _____ Name _____
By demit from _____ Chapter No. _____
Address _____

Reinstated

Date _____ Name _____
Address _____

Date _____ Name _____
Address _____

Date _____ Name _____
Address _____

Dual Membership in Maine

Date _____ Name _____
Primary Chapter _____
Address _____

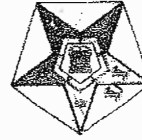
Date _____ Name _____
Primary Chapter _____
Address _____

Date _____ Name _____
Primary Chapter _____
Address _____

Date _____ Name _____
Primary Chapter _____
Address _____

Deductions

Mark P.M. or P.P.



Grand Chapter of Maine Order of the Eastern Star Membership Report

Died

Date _____ Name _____
 Date _____ Name _____
 Date _____ Name _____
 Date _____ Name _____

Demitted

Date _____ Name _____
 Date _____ Name _____
 Date _____ Name _____
 Date _____ Name _____

Suspended

Date _____ Name _____
 Date _____ Name _____
 Date _____ Name _____
 Date _____ Name _____

Changes of names by marriage or otherwise

Name last reported _____
 New name in full _____
 Address _____

Name last reported _____
 New name in full _____
 Address _____

Name last reported _____
 New name in full _____
 Address _____

Chapter _____ No. _____

Quarterly Report

01/01/___ to 03/31/___ Die by 04/05/___
 04/01/___ to 06/30/___ Die by 07/05/___
 07/01/___ to 09/30/___ Die by 10/05/___

Annual Report 01/01/___ to 12/31/___ Due by 02/15/20___

This form will be mailed to you by 12/31/20___

Number of Members on last report

Add

Number of Members Initiated during quarter _____
 Number of Members Affiliated during quarter _____
 Number of Members Reinstated during quarter _____
 Number of Members Dual within the State during quarter _____

Total Additions

Deduct

Number of Deaths during quarter _____
 Number Demitted during quarter _____
 Number Suspended during quarter _____

Total Deductions

Total number of members at end of quarter

Signature of Chapter Secretary _____ Date report mailed _____

Date report received by Grand Secretary _____