



Texas Society Order of Confederate Rose™, Inc.  
Yearly Chapter Report

**June 1, 2025 to May 31, 2026**

**(This report must be submitted to the Director by May 15)**

Chapter Name: \_\_\_\_\_ Chapter #: \_\_\_\_\_ City: \_\_\_\_\_

Chapter Rep Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\*Number of:

Reg Members: \_\_\_\_\_ Life: \_\_\_\_\_ Legacy: \_\_\_\_\_ Black Rose: \_\_\_\_\_ Gentlemen Greys: \_\_\_\_\_ Golden Rose: \_\_\_\_\_

\*Number of Deceased Members this year: \_\_\_\_\_

Name(s): \_\_\_\_\_

\*Number of names to be removed from the roll: \_\_\_\_\_ This includes death, nonrenewal or inactive.

List names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Number of New Members: \_\_\_\_\_ Number of meetings this year: \_\_\_\_\_ Average attendance: \_\_\_\_\_

\*Were all Dues by May 1st? Yes: \_\_\_ No: \_\_\_ (If any member paid after May 1st, answer no)

\*Was Chapter' Yearly Report filed by May 15th deadline to Director: Yes: \_\_\_\_\_ No: \_\_\_\_\_

\*Attendance at General Business Meetings: \_\_\_\_\_ Annual: \_\_\_\_\_ National SCV Reunion: \_\_\_\_\_  
(Count each member per meeting)

\*Number of photos or articles contributed to:

TSOCR Rose Petal Newsletter: \_\_\_\_\_ TSOCR Facebook Page: \_\_\_\_\_ Local Newspaper: \_\_\_\_\_

\*How many programs have been presented by your Chapter members: \_\_\_\_\_

Who, Where, Program Topic, how many times presented.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*How many Black Rose ceremonies? Memorials: \_\_\_\_\_ Dedications: \_\_\_\_\_

\*How many Parades: \_\_\_\_\_ Those who attended parade in period dress: \_\_\_\_\_

\*Hospitality Duties for SCV Camp #(s): \_\_\_\_\_

Total for each of the following: Parties: \_\_\_\_\_ Camp Meeting: \_\_\_\_\_ Balls: \_\_\_\_\_

Dedications/Memorials: \_\_\_\_\_ Worked recruiting booth: \_\_\_\_\_

\*If any of the follow is YES, please report how many next to the event. Otherwise leave blank

Re-enactments: Attended \_\_\_\_\_ Participated: \_\_\_\_\_ Co-Hosted: \_\_\_\_\_

Living History: Attended \_\_\_\_\_ Participated: \_\_\_\_\_ Co-Hosted: \_\_\_\_\_ Historical

Marker Dedication: Attended \_\_\_\_\_ Participated \_\_\_\_\_ Co-Hosted: \_\_\_\_\_

School Programs: Attended \_\_\_\_\_ Participated \_\_\_\_\_ Co-Hosted \_\_\_\_\_

Cemetery Work: Placing flags: \_\_\_\_\_ Clean up: \_\_\_\_\_ Research: \_\_\_\_\_ Registration: \_\_\_\_\_

\*Number of members who made donations: \_\_\_\_\_

Did Chapter Donate to Dixie Bell? Yes: \_\_\_\_\_ No: \_\_\_\_\_

\*Donations by Chapter- Item(s) donated and to what organization(s):

\_\_\_\_\_

\*Did Chapter members donate to Silent Auction: Yes: \_\_\_\_\_ No: \_\_\_\_\_ How many items: \_\_\_\_\_

\*Did Chapter sell TSOCR merchandise? Yes: \_\_\_\_\_ No: \_\_\_\_\_

\*Did Chapter have an event which included your Legacy Yes: \_\_\_\_\_ No: \_\_\_\_\_

\*Does any Rose Member provide their talents to the SCV? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Who: \_\_\_\_\_ Service: \_\_\_\_\_

Who: \_\_\_\_\_ Service: \_\_\_\_\_

Who: \_\_\_\_\_ Service: \_\_\_\_\_

\*Community Service Project: \_\_\_\_\_

Explain what and how many hours below or on a separate page

\*\*\*\*These yearly reports may be included in the Annual Packet as well as being summarized and discussed at September General Business meeting. It is also used to maintain 501C3 status.