

Prince Hall Grand Chapter, Order of Eastern Star  
State of Washington and Jurisdiction  
Quarterly Report

Date \_\_\_\_\_

Chapter Name: \_\_\_\_\_ Location: \_\_\_\_\_

Meeting Day & Time: \_\_\_\_\_ At: \_\_\_\_\_

Active Members: \_\_\_\_\_ Number of Indigent Members: \_\_\_\_\_

Full Names: \_\_\_\_\_

Grand Life Members (Full Names): \_\_\_\_\_

Total Number of Members in Your Chapter: \_\_\_\_\_

Grand Chapter Tax @ \$ 4.75 Per Member

Grand Charity @ \$ 1.50 Per Member

Sept. 15, 20\_\_\_\_ \$ \_\_\_\_\_  
Dec. 15, 20\_\_\_\_ \$ \_\_\_\_\_  
Mar. 15, 20\_\_\_\_ \$ \_\_\_\_\_  
Jun. 15, 20\_\_\_\_ \$ \_\_\_\_\_

Sept. 15, 20\_\_\_\_ \$ \_\_\_\_\_  
Dec. 15, 20\_\_\_\_ \$ \_\_\_\_\_  
Mar. 15, 20\_\_\_\_ \$ \_\_\_\_\_  
Jun. 15, 20\_\_\_\_ \$ \_\_\_\_\_

Initiations - \$10.00 per member \$ \_\_\_\_\_

**OPEN BLOOD LINE 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
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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: \_\_\_\_\_

Suspended by Grand Chapter: \_\_\_\_\_

\_\_\_\_\_  
Worthy Matron Signature

\_\_\_\_\_  
Secretary Signature and seal

**Supplies**

**Amount**

Invoice # \_\_\_\_\_

\$ \_\_\_\_\_

Invoice # \_\_\_\_\_

\$ \_\_\_\_\_

Invoice # \_\_\_\_\_

\$ \_\_\_\_\_

Amount Enclosed

Total \$ \_\_\_\_\_