



EXCELSIOR GRAND CHAPTER ORDER OF THE EASTERN STAR

Prince Hall Affiliated, Jurisdiction of Tennessee



EXCELSIOR GRAND CHAPTER | ORDER OF THE EASTERN STAR | TENNESSEE
ANNUAL RETURN YEAR: July 1, 2022 – June 30, 2023
Due April 30th

Chapter Name & No. _____ District _____

| | | | |
|---|-----------------|-------------------------------|---------------------------------|
| Administrative Degree (New Matron/Patron \$35 each) | \$ _____ | MEMBERS ON LAST REPORT | _____ |
| Certificate(s) _____ Members @ \$9.00 (All 3 Degrees) | \$ _____ | Admitted by Demit | _____ |
| Chapter Representation Fee (\$50.00 if not attending Grand Session) | \$ _____ | Healed Members | _____ |
| Demit Fee (in state) _____ Members @ \$5.00 each | \$ _____ | New Members (Bloodline) | _____ |
| Demit Fee (out of state) _____ Members @ \$15.00 each | \$ _____ | New Members (Non-Bloodline) | _____ |
| Esther Day per Chapter | \$ <u>5.00</u> | Reinstated Members | _____ |
| Grand Chapter Tax _____ Members @ \$20.00 each | \$ _____ | | Total _____ |
| Healing Fee _____ Members @ \$125.00 each | \$ _____ | | |
| New Charter (\$50.00) | \$ _____ | Less Members Deceased | _____ |
| New Member (Brother) _____ Members @ \$25.00 each | \$ _____ | Less Members Demitted | _____ |
| New Member (Bloodline/Sister) _____ Members @ \$50.00 each | \$ _____ | Less Members Suspended | _____ |
| New Member (Non-Bloodline) _____ Members @ 125.00 each | \$ _____ | Less Members Withdrawn | _____ |
| Reinstatement Fee _____ Members @ \$50.00 each | \$ _____ | | Present Membership _____ |
| Relief Fund per Chapter | \$ <u>10.00</u> | | |
| Replacement Charter (\$25.00) | \$ _____ | | |
| Scholarship Donation | \$ _____ | | |
| LATE FEE \$25.00 (Post marked after April 30th) (30 days past due date is an additional \$25.00) | \$ _____ | | |
| Total Amount Submitted | \$ _____ | | |

Check/Money Order No _____

SEAL
(Not valid without seal)

I hereby certify that this report has been checked and is correct _____
Worthy Matron's Signature Date Secretary's Signature Date

Do not include members previously reported on a supplemental form. If no membership changes since previously reported, this would be since your last return.

Members Admitted by Demit

| Member Name | Date | Member Name | Date |
|--------------------|-------------|--------------------|-------------|
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New Members Healed

| Member Name | Date | Member Name | Date |
|--------------------|-------------|--------------------|-------------|
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New Members (Bloodline/Sister & Brothers) Initiated/Obligated

| Member Name | Date | Member Name | Date |
|--------------------|-------------|--------------------|-------------|
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Members Reinstated

| Member Name | Date | Member Name | Date |
|--------------------|-------------|--------------------|-------------|
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Do not include members previously reported on a supplemental form. If no membership changes since previously reported, this would be since your last return.

Members Deceased

| Member Name | Date of Death | Member Name | Date of Death |
|--------------------|----------------------|--------------------|----------------------|
| | | | |
| | | | |

Members Demitted

| Member Name | Chapter Demitting To | Date of Demit |
|--------------------|-----------------------------|----------------------|
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Members Suspended

| Member Name | Date Dropped | Member Name | Date Dropped |
|--------------------|---------------------|--------------------|---------------------|
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**Members Withdrawn
(Requested to be dropped from roll)**

| Member Name | Date | Member Name | Date |
|--------------------|-------------|--------------------|-------------|
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| | | | |

Chapter Meeting Location Address: _____
(Street Address, City, State & Zip Code)

Meeting Day and Time of the Month _____
(Example 2nd Tuesday at 7 pm)

Elected Officers of Chapter

| | |
|--|-----------------------|
| | Worthy Matron |
| | Worthy Patron |
| | Associate Matron |
| | Associate Patron |
| | Conductress |
| | Associate Conductress |
| | Treasurer |
| | Secretary |

Instructions for Submitting Annual Returns

When mailing Original Annual Return to the HGS please include the following:

1. All Petitions
2. All documents for Healings
3. All documents verifying Demits
4. Include **check or money order** payable to **EXCELSIOR GRAND CHAPTER**

Please ensure all members' name, address, phone number and email address (if they have one) are included in the Official Roster section below. This will be your chapter's official roster on file with the Grand Chapter.

Submitting the Chapter's return on any form other than this form or by not filling in the Official Roster to its entirety, will deem your return incomplete. ALL incomplete Annual Returns and money will be mailed back to the chapter.

Please mail Chapter **Original Annual Return** and **Chapter Check or Money Order** to:

Sis. Alisha M. Senter, HGS
P.O. Box 2442
Brentwood, TN 37024

Please mail a **Copy** of the Chapter's Annual Return and Check/Money Order to both the GWM and GWP:

GWM Robbie R. Pillow
P.O. Box 148355
Nashville, TN 37214

GWP Willie L. Jackson, Sr.
5505 Oak Chase Drive
Antioch, TN 37013

Please send a **Copy** of the Chapter's Annual Return and Check/Money Order to the DDGM.

Official Roster (Alphabetically by LAST NAME first)

(Number **should match** Present Membership Count on Page 1)

| | MEMBER NAME | ADDRESS/CITY/STATE/ZIP | PHONE & EMAIL |
|-----|-------------|------------------------|---------------|
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