



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, 2023 – June 30, 2024
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New Member (Non-Bloodline) _____ Members @ 125.00 each	\$ _____	Less Members Withdrawn	_____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

New Members Healed

Member Name	Date	Member Name	Date

New Members (Bloodline/Sister & Brothers) Initiated/Obligated

Member Name	Date	Member Name	Date

Members Reinstated

Member Name	Date	Member Name	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 Deceased

Member Name	Date of Death	Member Name	Date of Death

Members Demitted

Member Name	Chapter Demitting To	Date of Demit

Members Suspended

Member Name	Date Dropped	Member Name	Date Dropped

**Members Withdrawn
(Requested to be dropped from roll)**

Member Name	Date	Member Name	Date

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:

HGS Marva McGee
P.O. Box 22952
Chattanooga, TN 37421

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 Q Joseph Kent
P.O. Box 282125
Nashville, TN 37228

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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