



**EXCELSIOR GRAND CHAPTER | ORDER OF THE EASTERN STAR | TENNESSEE**  
**ANNUAL RETURN Year \_\_\_\_\_**  
**Due April 30th**

Chapter Name & No. \_\_\_\_\_ District \_\_\_\_\_

**MEMBERS ON LAST REPORT** \_\_\_\_\_

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	Less Members Withdrawn	_____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

SEAL  
(Not valid without seal)

Check/Money Order No. \_\_\_\_\_

**I hereby certify that this report has been checked and is correct:** \_\_\_\_\_  
 Worthy Matron's Signature                      Date                      Secretary's Signature                      Date

**Members Admitted by Demit Since Last Return**

<b>Member Name</b>	<b>Chapter Demitting From</b>	<b>Date Accepted</b>

**New Members Healed Since Last Return**

<b>Member Name</b>	<b>Date</b>	<b>Member Name</b>	<b>Date</b>

**New Members (Bloodline/Sister & Brothers) Initiated/Obligated Since Last Return**

<b>Member Name</b>	<b>Date</b>	<b>Member Name</b>	<b>Date</b>

**New Members (Non-Bloodline) Initiated Since Last Return**

<b>Member Name</b>	<b>Date</b>	<b>Member Name</b>	<b>Date</b>

**Members Reinstated Since Last Return**

<b>Member Name</b>	<b>Date</b>	<b>Member Name</b>	<b>Date</b>

**Members Deceased Since Last Return**

<b>Member Name</b>	<b>Date of Death</b>	<b>Member Name</b>	<b>Date of Death</b>

**Members Demitted Since Last Return**

<b>Member Name</b>	<b>Chapter Demitting To</b>	<b>Date of Demit</b>

**Members Suspended Since Last Return**

<b>Member Name</b>	<b>Date Dropped</b>	<b>Member Name</b>	<b>Date Dropped</b>

**Members Withdrawn Since Last Return  
(Requested to be dropped from roll)**

<b>Member Name</b>	<b>Date</b>	<b>Member Name</b>	<b>Date</b>

**Chapter Meeting Location Address:** \_\_\_\_\_  
(Street Address, City, State & Zip Code)

**Meeting Day and Time of the Month** \_\_\_\_\_  
(Example 2<sup>nd</sup> Tuesday at 7 pm)

## Elected Officers of Chapter

	<b>Worthy Matron</b>
	<b>Worthy Patron</b>
	<b>Associate Matron</b>
	<b>Associate Patron</b>
	<b>Conductress</b>
	<b>Associate Conductress</b>
	<b>Treasurer</b>
	<b>Secretary</b>

### 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 the Honored Grand Secretary. Address shared on the Annual Circular.

Please mail a **Copy** of the Chapter's Annual Return and Check/Money Order to the Grand Worthy Matron and Grand Worthy Patron. Address shared on the Annual Circular.

Please send a **Copy** of the Chapter's Annual Return and Check/Money Order to the District Deputy Grand Matron and Associate District Deputy (if applicable).

**Official Roster (Alphabetically by LAST NAME)**  
(Number **should match** Present Membership Count on Page 1)

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