

**LOSSES (Cont'd)**

**Expelled**

Member No. \_\_\_\_\_  
Name \_\_\_\_\_  
Date of Trial \_\_\_\_\_  
Stated Meeting date at which member was expelled \_\_\_\_\_

**Resigned from the Order**

Member No. \_\_\_\_\_  
Name \_\_\_\_\_  
Date of Resignation \_\_\_\_\_

**LIFE SPONSORSHIPS mailed to Grand Chapter**

Member No. \_\_\_\_\_  
Name \_\_\_\_\_

Member No. \_\_\_\_\_  
Name \_\_\_\_\_

Member No. \_\_\_\_\_  
Name \_\_\_\_\_

Member No. \_\_\_\_\_  
Name \_\_\_\_\_

**NAME CHANGES**

Member No. \_\_\_\_\_  
New Name \_\_\_\_\_  
Former Name \_\_\_\_\_

Date \_\_\_\_\_ Secretary \_\_\_\_\_

**Monthly Report of**

\_\_\_\_\_ Chapter No. \_\_\_\_\_

Month of \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THIS FORM**

1. Type or print clearly.
2. This report covers ONLY the period indicated above.
3. **Prepare this report even if there was not activity.**
4. Be sure all names are complete.
5. Mail this report before the 15th of the following month to:

**Grand Chapter of California  
16960 Bastanchury Road, Suite E  
Yorba Linda, CA 92886-1711**

**SUMMARY OF MEMBERSHIP**

Number of members as of previous month's report \_\_\_\_\_

Gained:	By Initiation	_____
	By Affiliation	_____
	By Reinstatement	_____

Lost:	By Demit	_____
	By Death	_____
	By Resignation	_____
	By Suspension	_____
	(Non-payment of Dues)	_____
	By Suspension	_____
	(Other Causes)	_____
	By Expulsion	_____

Total number of members at end of this period \_\_\_\_\_

(Seal)

**GAINS**

**Chapter No.** \_\_\_\_\_

**Initiated**

Mo/Day/Yr	Name ( Mr./Mrs./Miss, Last, First, Middle) & Complete Address	Date of Birth	Occupation Telephone No.
_____	_____	_____	_____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**Affiliated (If Dual or Plural member, so note instead of Demit Date)**

Member No. _____	Member No. _____
Name _____	Name _____
Complete Address _____	Complete Address _____
_____	_____
Date Affiliated _____	Date Affiliated _____
From Chapter _____	From Chapter _____
(Name, No., & State) — Was previously a member of your chapter <input type="checkbox"/>	(Name, No., & State) — Was previously a member of your chapter <input type="checkbox"/>
Date of Demit _____	Date of Demit _____
Date of Birth _____	Date of Birth _____
Occupation _____	Occupation _____

**Reinstated**

Member No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Reinstated \_\_\_\_\_ Suspended \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

**Restored to Order, but not to Chapter**

Member No. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Restored \_\_\_\_\_ Suspended \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

**LOSSES**

**Demitted**

Member No. \_\_\_\_\_ Date of Demit \_\_\_\_\_

Name \_\_\_\_\_

Member No. \_\_\_\_\_ Date of Demit \_\_\_\_\_

Name \_\_\_\_\_

**Deceased**

Member No. \_\_\_\_\_ Date of Death \_\_\_\_\_

Name \_\_\_\_\_

Member No. \_\_\_\_\_ Date of Death \_\_\_\_\_

Name \_\_\_\_\_

**Suspended** (Non-payment of Dues)

Member No. \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

**Suspended** (Other causes)

Member No. \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Cause \_\_\_\_\_