

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 _____