

Prince Hall Grand Chapter Order of the Eastern Star Rite of Adoption for the State of South Carolina and Jurisdiction

Directives for Completing the Annual Report.

July 1, 2021 – June 30, 2022

Page 1.

1. Print or type the Chapters Name, Mailing Address, Physical Address and when the chapter meets (ex. 1st, Monday at 4:00 PM).
2. Print or type the names of each member who has paid their Grand Chapter dues (\$ 20.00). In spaces 1-6, you are to list your chapter's officers.
3. Each member's name should be written only once in spaces 1-100

Page 2.:

Note: This page is to be used by chapters who have **more than 31 members**.

Page 3.

1. Spaces 87 – 100 are to be used by chapter with more than 86 members.
2. Under "New Members" list the names of members who joined your chapter since July 30, 2021.
3. Under "Re-Instated Members" list the names of re-instated members and the amount of money each paid. \$20.00 for each year of re-instatement. This amount will be recorded below.
4. List the names of the officers elected in May of this year. They will take office at the close of 2019 Grand Session.
5. Under "Summary", write the number of members you reported on last years' Annual Report, the number of your members who died during the year and the number dropped from your roll.
6. Give the number of members on this year's Annual Report.
7. Write the amount of money due for beneficial members (ex. 10 members X \$20,00 = \$200.00).
8. **All chapters are to pay the \$25.00 Special Charity**
9. Total amount owed to the Grand Chapter is **re-instatement dues + special charity+ Grand Chapter dues.**
10. Dues may be paid by **chapter check, cashier check, or money order.** Personal checks are not desirable.

Annual Reports are due to the Grand Secretary on or **before June 4, 2022.**

Chapters that have not sent their Annual Reports to the Grand Secretary by June 30, 2022, will be assessed a late fee of \$ 20.00. Annual Reports are to be mailed to:

**Sister Tamiquia T. Simon, Grand Secretary
3020 Teal Lane
Florence, South Carolina 29501
843.616.4225**

Prince Hall Grand Chapter Order of the Eastern Star

Rite of Adoption for the State of South Carolina and Jurisdiction

Annual Report

July 1, 2021 to June 30, 2022

<i>Chapter's Name</i>	#	<i>District #</i>
Mailing Address: _____ / _____ / _____		
	<i>City</i>	<i>State</i>
Physical Address _____ / _____ / _____		
<i>Street</i>	<i>City</i>	<i>State</i>
This Chapter Meets every _____ at _____ / _____		
<i>Day</i>	<i>Hour</i>	<i>PM or AM</i>

Please list in alphabetical order all beneficial members of your chapter (Please print using black or dark blue ink.)

Names of Beneficial Members	Year Joined	Gd. Ch. Dues Pd. \$ 20.	Names of Beneficial Members	Year Joined	Gd. Ch. Dues Pd. \$ 20.
1. _____ WM			16. _____		
2. _____ WP			17. _____		
3. _____ AM			18. _____		
4. _____ AP			19. _____		
5. _____ Treasurer			20. _____		
6. _____ Secretary			21. _____		
Beneficial Members Continued			22. _____		
7. _____			23. _____		
8. _____			24. _____		
9. _____			25. _____		
10. _____			26. _____		
11. _____			27. _____		
12. _____			28. _____		
13. _____			29. _____		
14. _____			30. _____		
15. _____			31. _____		

Annual Report Continued

32.				60			
33.				61			
34.				62			
35.				63			
36.				64			
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42.				70			
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88.				95			
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93				10 0			

Please complete the following:

Names of New Members		Names of Re-Instated Members	Amt. Paid
1.		1.	
2.		2.	
3.		3.	
4.		4.	
Newly Elected Officers (May Election)		Total Amount Paid	
.	WM.	Summary of Members	
	WP	Number Reported Last Year	
	AM	Number Died during the year	
	AP	Number Dropped /Transferred	
	Trea.		
	Sec.	Total Beneficial Members this report	
	Cond	Total Beneficial Members X \$ 20.00	
	A.Cond	Special Charity	\$ 25.00

Total Amount Owed Grand Chapter		Re-instated Dues	
		Special Charity	\$ 25.00
		Grand Chapter Dues	
		Grand Total Amount Paid	

My signature below certifies that all information entered on this report is true and correct to the best of my knowledge.

Current Worthy Matron's Signature

Current Secretary's Signature

Mailing Address

Mailing Address

_____/_____/_____
City State Zip Code

_____/_____/_____
City State Zip Code

Phone # _____ Phone # _____

Chapters Seal