



Jerusalem Grand Chapter

Order of the Eastern Star

State of Florida and St. John US Virgin Islands Jurisdiction, Prince Hall Affiliation

Grand Chapter Annual Assessment Report

DATE RECEIVED: _____
 RECEIPT #: _____

Worthy Matron _____ Chapter Name: _____ No. _____

Chapter Address: _____ City/Zip _____

Phone: _____ Email: _____

Annual Assessments: Women = \$34 and Men = \$20

New Member Administrative Fees: Women = \$50; Men = \$30 (Total Due: Women \$84 & Men \$50)

NAMES OF MEMBERS (PRINT OR TYPE) <i>Please indicate if <u>SISTER OR BROTHER</u></i>		NEW MEMBER (Y OR N)	AMOUNT	NAMES OF MEMBERS (PRINT OR TYPE) <i>Please indicate if <u>SISTER OR BROTHER</u></i>		NEW MEMBER (Y OR N)	AMOUNT
1.				23.			
2.				24.			
3.				25.			
4.				26.			
5.				27.			
6.				28.			
7.				29.			
8.				30.			
9.				31.			
10.				32.			
11.				33.			
12.				34.			
13.				35.			
14.				36.			
15.				37.			
16.				38.			
17.				39.			
18.				40.			
19.				41.			
20.				42.			
21.				43.			
22.				44.			

NAMES OF MEMBERS (PRINT OR TYPE) <i>Please indicate if SISTER OR BROTHER</i>		NEW MEMBER (Y OR N)	AMOUNT	NAMES OF MEMBERS (PRINT OR TYPE) <i>Please indicate if SISTER OR BROTHER</i>		NEW MEMBER (Y OR N)	AMOUNT
45.				73.			
46.				74.			
47.				75.			
48.				76.			
49.				77.			
50.				78.			
51.				79.			
52.				80.			
53.				81.			
54.				82.			
55.				83.			
56.				84.			
57.				85.			
58.				86.			
59.				87.			
60.				88.			
61.				89.			
62.				90.			
63.				91.			
64.				92.			
65.				93.			
66.				94.			
67.				95.			
68.				96.			
69.				97.			
70.				98.			
71.				99.			
72.				100.			

Revised: May 25, 2010

Total Members: _____

Total Amount Paid: _____

REPORTS ARE DUE:
January 1

**PLEASE MAKE CHAPTER CHECK OR MONEY ORDER PAYABLE
JERUSALEM GRAND CHAPTER, OES PHA**

Please submit completed report to Jerusalem Grand Chapter, OES-PHA,
Office of Grand Secretary, P.O. Box 20368, Tallahassee, FL 32316

**PLEASE MAKE
ADDITIONAL COPIES
IF NECESSARY**