



EXCELSIOR GRAND CHAPTER ORDER OF THE EASTERN STAR

Prince Hall Affiliated, Jurisdiction of Tennessee



EXCELSIOR GRAND CHAPTER | ORDER OF THE EASTERN STAR | TENNESSEE  
ANNUAL RETURN YEAR: July 1, 2021 – June 30, 2022  
Due April 30th

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

Administrative Degree (New Matron/Patron \$35 each)	\$ _____	<b>MEMBERS ON LAST REPORT</b>	_____
Certificate(s) _____ Members @ \$9.00 (All 3 Degrees)	\$ _____	Admitted by Demit	_____
Chapter Representation Fee (\$50.00 if not attending Grand Session)	\$ _____	Healed Members	_____
Demit Fee (in state) _____ Members @ \$5.00 each	\$ _____	New Members (Bloodline)	_____
Demit Fee (out of state) _____ Members @ \$15.00 each	\$ _____	New Members (Non-Bloodline)	_____
Esther Day per Chapter	\$ <u>5.00</u>	Reinstated Members	_____
Grand Chapter Tax _____ Members @ \$20.00 each	\$ _____		<b>Total</b> _____
Healing Fee _____ Members @ \$125.00 each	\$ _____		
New Charter (\$50.00)	\$ _____	Less Members Deceased	_____
New Member (Brother) _____ Members @ \$25.00 each	\$ _____	Less Members Demitted	_____
New Member (Bloodline/Sister) _____ Members @ \$50.00 each	\$ _____	Less Members Suspended	_____
New Member (Non-Bloodline) _____ Members @ 125.00 each	\$ _____	Less Members Withdrawn	_____
Reinstatement Fee _____ Members @ \$50.00 each	\$ _____		<b>Present Membership</b> _____
Relief Fund per Chapter	\$ <u>10.00</u>		
Replacement Charter (\$25.00)	\$ _____		
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>	\$ _____		

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

SEAL  
(Not valid without seal)

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

	Worthy Matron
	Worthy Patron
	Associate Matron
	Associate Patron
	Conductress
	Associate Conductress
	Treasurer
	Secretary

### 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:

Sis. Cassandra C. Osborne, HGS  
4095 Albright Circle  
Clarksville, TN 37043

Please mail a **Copy** of the Chapter's Annual Return and Check/Money Order to both the GWM and GWP:

GWM Elizabeth A. Cross  
5912 Loice Lane  
Knoxville, TN 37924

GWP Willie L. Jackson, Sr.  
5505 Oak Chase Drive  
Antioch, TN 37013

Please send a **Copy** of the Chapter's Annual Return and Check/Money Order to the DDGM.

**Official Roster (Alphabetically by LAST NAME first)**

(Number **should match** Present Membership Count on Page 1)

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