

MEMBER ACTIVITY REPORT

(USE ONLY FOR CHANGE OF STATUS-SEE BACK OF PAGE FOR PLURAL AND REINSTATEMENT INFORMATION)

INDIANA GRAND CHAPTER ORDER OF EASTERN STAR

523 Archway, Franklin, IN 46131-2568

Chapter Name _____ Chapter Number _____ Month _____ Year _____

MEMBER NAME & ADDRESS	NEW MEMBER INITIATION DATE	MEMBER AFFILIATED DATE (SEE BACK)	AFFILIATED PLURAL MEMBER DATE (SEE BACK)	DECEASED DATE	DEMITTED DATE	SUSPENDED DATE	REINSTATED DATE (SEE BACK)
LAST _____ FIRST _____ MIDDLE _____ ADDRESS: _____ CITY: _____ STATE _____ Zip _____							
LAST _____ FIRST _____ MIDDLE _____ ADDRESS: _____ CITY: _____ STATE _____ Zip _____							
LAST _____ FIRST _____ MIDDLE _____ ADDRESS: _____ CITY: _____ STATE _____ Zip _____							
LAST _____ FIRST _____ MIDDLE _____ ADDRESS: _____ CITY: _____ STATE _____ Zip _____							
LAST _____ FIRST _____ MIDDLE _____ ADDRESS: _____ CITY: _____ STATE _____ Zip _____							

A COPY OF THIS REPORT SHOULD BE RETAINED FOR YOUR RECORDS.

NEW AFFILIATION

MEMBER NAME

LAST _____

FIRST _____

AFFILIATION DATE ____/____/____

FROM CHAPTER _____

CHAPTER # _____

CITY _____ STATE _____

Demit from above Chapter ____/____/____

All affiliation dates must have a demit date.
(It is on demit form you receive from former chapter).

Original Initiation Date ____/____/____

Special remarks regarding Membership. (IE: Previous Demits, Affiliations, Suspensions, Reinstatements, Last Names, etc.)

NEW AFFILIATION

MEMBER NAME

LAST _____

FIRST _____

AFFILIATION DATE ____/____/____

FROM CHAPTER _____

CHAPTER # _____

CITY _____ STATE _____

Demit from above Chapter ____/____/____

All affiliation dates must have a demit date.
(It is on demit form you receive from former chapter).

Original Initiation Date ____/____/____

Special remarks regarding Membership. (IE: Previous Demits, Affiliations, Suspensions, Reinstatements, Last Names, etc.)

PLURAL MEMBER AFFILIATION

MEMBER NAME

LAST _____

FIRST _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

AFFILIATION DATE ____/____/____

ORIGINAL INITIATION DATE ____/____/____

PRIMARY CHAPTER _____ # _____

OTHER CHAPTERS

CHAPTER # _____

CHAPTER # _____

CHAPTER # _____

PLURAL MEMBER AFFILIATION

MEMBER NAME

LAST _____

FIRST _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

AFFILIATION DATE ____/____/____

ORIGINAL INITIATION DATE ____/____/____

PRIMARY CHAPTER _____ # _____

OTHER CHAPTERS

CHAPTER # _____

CHAPTER # _____

CHAPTER # _____

REINSTATEMENT

MEMBER NAME

LAST _____

FIRST _____

DATE OF SUSPENSION ____/____/____
(OR EXPULSION)

FROM CHAPTER _____

CHAPTER # _____

CITY _____ STATE _____

ORIGINAL INITIATION DATE ____/____/____

REINSTATEMENT

MEMBER NAME

LAST _____

FIRST _____

DATE OF SUSPENSION ____/____/____
(OR EXPULSION)

FROM CHAPTER _____

CHAPTER # _____

CITY _____ STATE _____

ORIGINAL INITIATION DATE ____/____/____