

Received at the Grand Chapter Office On _____

GRAND CHAPTER OF WISCONSIN ORDER OF THE EASTERN STAR

REPORT

OF

Chapter No. _____

For the year ending June 30, 2026

TO THE

GRAND CHAPTER

OF THE

ORDER OF THE EASTERN STAR OF WISCONSIN



This report is to be sent to the Grand Secretary no later than JULY 15, 2026.

PLEASE READ THE DIRECTIONS ON THE NEXT PAGE

TO SECRETARIES OF CHAPTERS

The fiscal year for your Chapter commences July 1st and ends on June 30th.

Include nothing from after JUNE 30

Fill out the Annual Report and forward to the Grand Secretary before **July 15th.**

The **late fee** for filing after **July 15th** is **\$100.00**

By **November 1st** of each year, **ALL** chapters will provide a copy of their receipt for filing their IRS Form 990-N electronically unless your Chapter is required to file a Form 990 or 990 PF, then you will have to provide page 1 and the signature page of your filing. This information is required by IRS under our Group Ruling tax exemption. Those Chapters that file with Grand Chapter **after November 1st** will be assessed a **\$50.00** late fee.

List Officers not installed at the Chapter's Installation and list the date they will be installed. Please notify the Grand Secretary of any change of Secretary or other elected officer in your Chapter. Please send the Grand Secretary any change of time of meetings or change of meeting place.

REPORT SHOULD BE TYPED OR PRINTED.

Starting on Page 4, please list, in **alphabetical order of LAST name**, the name of every member of the Chapter. Note if they are a **Dual Member/Plural or Past Matron/Past Patron**. Mark the Perpetual Members in the last column.

If additional lines are needed on the Summary of Membership Changes page (or any page), please attach a separate sheet of paper.

CONSOLIDATIONS: If a member holds a membership in both Chapters, do not count the member twice. Send the Grand Secretary an email at secretary.wioes@gmail.com or call or text 608-346-8435 if you have questions on this.

NEWLY ELECTED WORTHY MATRON AND NEWLY ELECTED SECRETARY

must sign this report. Newly elected Secretary should prepare the report.

Send check for exact amount of Grand Chapter Dues.

Send separate checks for supplies or for contributions to charities.

BE SURE TO AFFIX THE SEAL OF THE CHAPTER ON THE LAST PAGE.

REPORT OF _____ Chapter No. _____, City _____
FOR THE YEAR commencing July 1, 2026

Meeting Nights _____ Time _____
 Masonic Center Address _____
 Chapter mailing address _____
 Masonic Center Phone Number (_____) _____

Newly ELECTED AND APPOINTED OFFICER for current year were installed on June _____, 2025

WM _____	Phone _____	email _____
WP _____	Phone _____	email _____
AM _____	Phone _____	email _____
AP _____	Phone _____	email _____
Sec _____	Phone _____	email _____
Treas _____	Phone _____	email _____
Cond _____	Phone _____	email _____
AC _____	Phone _____	email _____

Chap _____	Esther _____
Mar _____	Martha _____
Org _____	Electa _____
Adah _____	Warder _____
Ruth _____	Sentinel _____

Chapter Trustees:

Local Charitable Donations (name of charity and amount)

Local Scholarships Awarded (name of recipient & amont)

Name Changes and Comments

Number of copies of Secret Work in Chapter's Possession: _____

Members of Chapter Including DUAL & PERPETUAL MEMBERS (In Alphabetical Order)

D=Dual
P=Plural
Must be
filled in

PM, PP,
LM

Perpetual
Member

No.	NAMES	D=Dual P=Plural Must be filled in	PM, PP, LM	Perpetual Member
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Members of Chapter Including DUAL & PERPETUAL MEMBERS (In Alphabetical Order)

D=Dual
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filled in

PM, PP,
LM

Perpetual
Member

No.	NAMES	D=Dual P=Plural Must be filled in	PM, PP, LM	Perpetual Member
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Perpetual
Member

No.	NAMES	D=Dual P=Plural Must be filled in	PM, PP, LM	Perpetual Member
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PM, PP,
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Perpetual
Member

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Perpetual
Member

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Perpetual
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Synopsis

Chapter No. _____

No. Members Last Report _____
 No. Initiated _____
 No. Affiliated _____
 No. Affiliated: Dual/Plural Membership _____
 No. Reinstated/Restored _____
Total Increase **0**
Total No. with Increase **0**

No. Died _____
 No. Demitted _____
 No. Transferred _____
 No. Suspended _____
 No. Expelled _____
Total Decrease **0**
Present Membership **0**

No. Living Perpetual Members _____

DO NOT PAY WISCONSIN PER CAPITA ON DUAL/PLURAL OR PERPETUAL MEMBERS.

DUAL AND PLURAL MEMBERS MUST PAY THE GENERAL GRAND CHAPTER PER CAPITA OF \$2.00 PER MEMBER PER CHAPTER.

No. of Members	_____	\$24	_____	\$0.00
No. of Initiations	_____	\$15 (10+5 IH Assessment)	_____	\$0.00
No. of Affiliations	_____	\$15 (10+5 IH Assessment)	_____	\$0.00
No. of Reinstated/Restored	_____	\$10	_____	\$0.00
No. of Dual/Plural Members	_____	\$2	_____	\$0.00
	General Grand Assessment			

TOTAL ASSESSMENT **\$0.00**

I certify the foregoing Report to be correct and true.
 WITNESS the Seal of our Chapter

This _____ day of _____ 20 _____

 Secretary

SEAL

 Worthy Matron