

Date:	Federal I.D. Number:	City	State
Charter Date:	IN. State IT. No. :	Chapter Name	
Ritual Numbers		Email:	

ACTIVE MEMBERS (as of June 1st)

	Name: Last, First (List Alphabetically)	Address, Zip + 4	Phone Number (with Area Code)	Nat'l Dues	Delta Home	GRIT	Total
1	President						
2	Vice President						
3	Recording Secretary						
4	Treasurer						
5	Corresponding Secretary						
6							
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Mail to Executive Secretary with white copy of Form #7-copy for your records

ACTIVE MEMBERS (continued)

25							
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47							

Amount Total _____

ASSOCIATE MEMBERS

1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Amount Total _____

Grand Total _____

X _____
President

X _____
Recording Secretary