Roster Information 20____ - 20____

Dear Chapter Secretary,

The following information is needed to complete the Roster for the coming year. Please send this information to me **IMMEDIATELY** following your **Election of Officers** (any meeting in April, first meeting in May) - typed, if possible. Thank you so much, Fern.

Chapter Name:		Chapter No.:
Meets:	1 (4) (5)	
(if same as	last year, write SAME)	Time:
Except: (if same as last year, write SAME)		(Same?)
Address of Meeting Place:	Phone:	
J	(if the same as last year, write SAME)	(Same/None?)
Worthy Matron (Miss, Ms.	., Mrs.):	(
	Zip:	
Vorthy Patron:		(
Address:	Zip:	Spouse Phone:
Associate Matron (Miss, M	Is., Mrs.):	
	(Name only)	
Associate Patron:	(Name only)	
corotory (Micc. Mc. Mrc.	Mr.):	(
		Spouse
Address:	Zip:	Phone:
E-Mail, of Secretary or o	ther responsible person who will pass messages between	n Chapter and this office:
Treasurer (Miss, Ms., Mrs.	, Mr.):	
	(Name only)	
dditional Roster Order	\$3.00 each (I will bill you). Your Chap	pter will receive one free Roste
Code (Blue Book) pages Chapter members have – the	(Please order one set for each new Code ere is no charge for this.)	e Book your Chapter and
	FORM TO THE GRAND SECRETARY IMMEDIA ompson, Grand Secretary, PO Box 1226, Laurel, Mo	
CHAPTER SEAL		
	Signature, Chapter Secretar	rv Date