

The Elected Officers of _____ Consolidated Chapter No. _____

The Roster is compiled from this information. Please use MAILING ADDRESS.

Please TYPE or PRINT legibly.

If there are changes in the elective or appointive Officers during the year, Secretaries will please notify the Grand Secretary IMMEDIATELY. Please complete both sides of this form.

Office	Membership Number	Name (Including Mr., Mrs., Ms.)	Street	Preferred Phone	Type*
		email	City, State, Zip Code	Alt. Phone	Type*
Worthy Matron					
Worthy Patron					
Associate Matron					
Associate Patron					
Secretary					
		Physical address for shipping:			
Treasurer					
Conductress					
Associate Conductress					

* Phone Types - H: Home; B: Business/Work; C: Cell; F: Fax

To the Grand Secretary of the Grand Chapter of California O.E.S.:

The above officers were elected for the year 20____ at the Stated Meeting held on _____

(Seal)

_____ Secretary

As soon as possible after Consolidation, FILL OUT AND RETURN TO:
 OFFICE OF GRAND SECRETARY, 16960 Bastanchury Road, Suite E, Yorba Linda, CA 92886-1711
PLEASE COMPLETE REVERSE SIDE

The Appointive Officers of _____ Consolidated Chapter No. _____

Office	Membership Number	Name (Including Mr., Mrs., Ms.)	Street	Preferred Phone	Type*
		email	City, State, Zip Code	Alt. Phone	Type*
Chaplain					
Marshal					
Organist					
Adah					
Ruth					
Esther					
Martha					
Electa					
Warder					
Sentinel					

* Phone Types – H: Home; B: Business/Work; C: Cell; F: Fax