



ELECTED OFFICERS

This form is to be submitted, as soon as possible, after your election and **NO LATER THAN**, December 27th of each year.
 The chapter must hold the Annual Election **NO LATER THAN** your December meeting each year.
 (PLEASE PRINT OR TYPE)

_____ Chapter No. _____ O.E.S., P.H.A

 (Chapter Address) (City, State, Zip Code)

Matron: _____	Patron: _____
Address: _____	Address: _____
City/Zip Code: _____	City/Zip Code: _____
Phone #: (_____) _____	Phone #: (_____) _____
Cell #: (_____) _____	Cell #: (_____) _____
Email: _____	Email: _____

A. Matron: _____	A. Patron: _____
Address: _____	Address: _____
City/Zip Code: _____	City/Zip Code: _____
Phone #: (_____) _____	Phone #: (_____) _____

Conductress: _____	A. Conductress: _____
Address: _____	Address: _____
City/Zip Code: _____	City/Zip Code: _____
Phone #: (_____) _____	Phone #: (_____) _____

Secretary: _____	Treasurer: _____
Address: _____	Address: _____
City/Zip Code: _____	City/Zip Code: _____
Phone #: (_____) _____	Phone #: (_____) _____
Cell #: (_____) _____	Cell #: (_____) _____
Email: _____	Email: _____

 (Signature of Matron and Date) (Signature of Secretary and Date)

 (Signature of Patron and Date)

CHAPTER SEAL

Send Original to Grand Secretary
 Send a copy to Grand Worthy Matron
 Send a copy to District Deputy Grand Matron