



CDGC Form 13 Revised 1/21)

Cecelia Dunlap Grand Chapter, OES of Kentucky, INC., PHA

DISTRICT DEPUTY GRAND MATRON'S REPORTING FORM

Chapter Name and Number: _____

Mailing Address: _____

Worthy Matron: _____ **Worthy Patron:** _____

District: _____ **Date of Visitation:** _____

District Deputies you are to complete this form, for each chapter you visit. Mail one copy to the Grand Worthy Matron, one copy to the chapter that you visit and retain a copy for your file. This form will be used to make your report at Grand Session.

1. Total number of members reported in the Chapter _____
2. Total number of members present at time of this visit: _____
3. Was a copy of the Chapters charter present? _____
4. Was a copy of the By-Laws present? _____ Last Date By-Laws were reviewed _____
5. Number of members added to the roll since last Grand Session: _____
6. For the same period of time how many members were: (a) Suspended _____ (b) Demitted in _____ (c) Demitted out _____ (d) Deceased _____ (e) Reinstated _____
7. Has an audit been conducted of the books of the Secretary and Treasurer, for the past year? _____
8. Was a copy of the audit present for review? _____ Date of Last Audit _____
9. Does the Chapter make annual donations to some worthy Charity? _____
If yes, Identify (1) _____
(2) _____
(3) _____
10. Does the Chapter have a Diamond Chamber? _____
11. Name of Chamber Guardian: _____

(over)

