



CDGCOES Form 5 (Revised 1/21)

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

QUARTER FINANCIAL REPORT

DISTRICT

Chapter No. _____

Location: _____

Number of members reported on last quarter report (A) _____

Number of members gained during this period by
Initiation, Reinstatement or Demit (SHOWN ON BACK) (B) _____

Number of members lost during this period by
Death, Demit or Dropped (SHOWN ON BACK) (C) _____

Number of members in good standing this report (A + B - C = D) (D) _____

Grand Tax \$3.00 being paid for _____ Members \$ _____

Ways and Means \$1.00 being paid for _____ Members \$ _____

Mary E. Howe Fund \$.50¢ being paid for _____ Members \$ _____

Relief Fund \$1.50 being paid for _____ Members \$ _____

Stokes, Finley, Mahan Home \$6.00 being paid for _____ Members \$ _____

Temple Tax \$1.50 being paid for **(SISTERS ONLY)** _____ Members \$ _____

District Fee \$1.50 being paid for **(SISTERS ONLY)** _____ Members \$ _____

Dues Cards \$.10¢ being paid for _____ Members \$ _____

Application Fee \$10 being paid for _____ Members \$ _____

Reinstatement Fee \$10 being paid for _____ Members \$ _____

TOTAL PAYMENT: \$ _____

THESE REPORTS ARE DUE AS LISTED BELOW:

_____ 1st Quarter – Due October 1st (for July, August, September)

_____ 2nd Quarter – Due January 1st (for October, November, December)

_____ 3rd Quarter – Due April 1st (for January, February, March)

_____ 4th Quarter – Due June 10th (for April, May, June)

(FOR GS OFFICE USE ONLY)

Date Received _____

Total Sisters _____

Check # _____

Total Brothers _____

Amount of Check _____

Total Membership _____

GS's Receipt # _____

Date of GS's Receipt _____

Date sent to GT _____

GT's Receipt # _____

NOTE: This report must be signed **and** dated by the Worthy Matron and Secretary with the Seal of the Chapter.

Signature of Worthy Matron **and** Date

Signature of Secretary **and** Date

(CHAPTER SEAL)

List on this page the names of members gained and/or lost during this reporting period. Indicate by a (X) mark in the appropriate column and list the correct date. **DATES MUST BE LISTED.** Members are automatically dropped from the roll, for failure of paying Grand Tax and Relief Fund and must be listed as dropped. Each subordinate chapter secretary shall submit an updated roster.

NAME	GAINED BY				LOST BY			DATE
	INITIATION/OBLIGATION	RE-INSTATEMENT	DEMIT IN		DROPPED	DEATH	DEMIT OUT	

Signature of Worthy Matron **and** Date

Signature of Secretary **and** Date

c: File