



Georgia DeMolay State Parents' Club

Report of Chapter Parents' Club Officers

CHAPTER NAME: _____ CHAPTER NUMBER: _____

CHAPTER LOCATION: _____
(Lodge) (City)

CLUB MEETS: (Circle One) Weekly Bi-Weekly Monthly Bi-Monthly

LOCATION OF MEETINGS: _____

OFFICERS TERMS: Begins _____ Ends _____
(Month) (Month)

TOTAL MEMBERSHIP IN CLUB: _____
(Attach a copy of Membership Roster including name, address, phone # and email address of each member)

CLUB OFFICERS

PRESIDENT: _____

VICE PRESIDENT: _____

TREASURER: _____

SECRETARY: _____

CHAPLAIN: _____

Date of Installation: _____

This report should be completed at the time of installation of a new slate of Chapter Officers. If your Parents' Club Officers have not changed, you only need to complete this form once per year at the beginning of each new Georgia DeMolay year (July). Forward completed form to the State Director of Parents' Clubs, with a copy to your local Advisory Council. Please keep a copy to file with your clubs minutes.

This report is accurate as of _____
(Date)

REPORT SUBMITTED BY: _____
(Print Name)

(Signature)

(Title)