

SEMI-ANNUAL REPORT FORM FOR TERM ENDING _____

PARLOR NO. _____

| <u>Date</u> | <u>Receipts</u> | <u>Disbursements</u> | |
|---------------------------------|-----------------|----------------------|--|
| _____ | _____ | _____ | Balance Checking, Beginning of Term, _____: \$ _____ |
| _____ | _____ | _____ | Plus Receipts for Term: _____ |
| _____ | _____ | _____ | Sub-Total: \$ _____ |
| _____ | _____ | _____ | Minus Disbursements for Term: _____ |
| _____ | _____ | _____ | Balance in Checking, End of Term, _____: \$ _____ |
| _____ | _____ | _____ | ----- |
| _____ | _____ | _____ | Balance in Savings and/or CD (s) \$ _____ |
| _____ | _____ | _____ | Beginning of Term, _____: |
| Totals: _____ | _____ | _____ | Interest Income for Term: _____ |
| | | | Balance in Savings and/or CD (s) |
| | | | End of Term, _____: \$ _____ |
| Investments: | | | ----- |
| Real Estate (assessed value): | \$ _____ | | |
| Hall Furniture (insured value): | _____ | | Balance Checking, Term End, _____: \$ _____ |
| Hall Stock: | _____ | | Plus Balance in Savings and/or CD (s) |
| Other Stock (s): | _____ | | End of Term, _____: _____ |
| Bonds: | _____ | | Plus Total Investments: _____ |
| Other (itemize): | _____ | | NET WORTH, End of Term, _____: \$ _____ |
| _____ | _____ | | |
| _____ | _____ | | |
| _____ | _____ | | |
| Total Investments: | \$ _____ | | |

In testimony of the foregoing reporting correct in all its parts, I have hereunto set my hand and seal of the Parlor this _____ day of _____, 20____.

President: _____

Recording Secretary: _____

Trustees: _____

Deputy Grand President: _____

SEAL



PLEASE NOTE: This form is to be used by all book officers. Form is to be prepared in duplicate one to be sent to Grand Parlor Office semi-annually along with the Summary of Membership Report with your per capita tax payment included.

OFFICERS FOR THE ENSUING TERM
BEGINNING _____

_____ Parlor No. _____

Past President: _____

President: _____

1^t Vice President: _____

2nd Vice President _____

3rd Vice President: _____

Marshal: _____

Recording Secretary: _____

Financial Secretary: _____

Treasurer: _____

Inside Sentinel: _____

Outside Sentinel: _____

Organist: _____

Trustees: _____

Deputy Grand President: _____

Meeting Dates: _____

Meeting Hall Address: _____

SUMMARY OF MEMBERSHIP

PARLOR NAME: _____ NO: _____

PER CAPITA TAX OF **\$9.00** PER MEMBER IS DUE AND PAYABLE BY _____
ON YOUR MEMBERSHIP _____ THROUGH _____.

GAINS

INITIATIONS:

| <u>DATE:</u> | <u>NAME:</u> | <u>ADDRESS:</u> |
|--------------|--------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

REINSTATEMENTS:

| <u>DATE:</u> | <u>NAME:</u> | <u>ADDRESS:</u> |
|--------------|--------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TRANSFERS IN:

| <u>DATE:</u> | <u>NAME:</u> | <u>ADDRESS:</u> |
|--------------|--------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TOTAL GAINS: _____

PLEASE TURN PAGE TO FILL IN LOSS INFORMATION

LOSSES

SUSPENSIONS:

DATE: NAME: ADDRESS:

RESIGNATIONS:

DATE: NAME: ADDRESS:

TRANSFERS OUT:

DATE: NAME: ADDRESS:

DEATHS:

DATE: NAME: ADDRESS:

TOTAL LOSSES: _____

_____ - MEMBERS _____ GAINS + _____ LOSSES - _____ = _____

TOTAL MEMBERSHIP - _____ THROUGH _____ - _____

Please attach Per-Capita tax check payable to GPNDGW \$ _____

SEAL



Recording Secretary