

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