

Excelsior Grand Chapter O.E.S. of Tennessee

SUNBEAMS

Annual Returns

Mon/Year: June 30, Annual Report of _____ Chapter No: _____

IMPORTANT: Send one (1) copy of this return to the Honored Grand Secretary with check or money order payable to: Excelsior Grand Chapter, O.E.S. "Sunbeam" in the memo section. Send one (1) copy to the Grand Sunbeam Organizer/Supervisor. Keep one (1) copy for your records.

NEW OFFICERS FOR THE YEAR _____

Sunbeam Matron: _____ Sunbeam Sentinel: _____

Sunbeam AM: _____ Sunbeam Chapl: _____

Sunbeam Trea: _____ Sunbeam Chap.: _____

Sunbeam Sec: _____ Sunbeam C.F.B.: _____

Sunbeam Cond.: _____ Sunbeam USFB: _____

Sunbeam A.Cond: _____ Sunbeam Marshall.: _____

Sunbeam Warder: _____

Sunbeam Head Counselor: _____

Sunbeam Counselor: _____

Sunbeam Counselor: _____

ROLL OF MEMBERS: Type or Print Names Alphabetically (Do not repeat officers in membership roll)

1.	12.	23.	34.
2.	13.	24.	35.
3.	14.	25.	36.
4.	15.	26.	37.
5.	16.	27.	38.
6.	17.	28.	39.
7.	18.	29.	40.
8.	19.	30.	41.
9.	20.	31.	42.
10.	21.	32.	43.
11.	22.	33.	44.

Name and Address of Newly Elected Sunbeam Matron

Zip Code

Name and Address of Newly Elected Sunbeam Secretary

Zip Code

