

Date: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_

Chapter City & State: \_\_\_\_\_

Charter Date: \_\_\_\_\_

(IN Chapters) – NP20 TID: \_\_\_\_\_

Chapter Name: \_\_\_\_\_

Chapter Email: \_\_\_\_\_

RITUAL NUMBERS: \_\_\_\_\_

ACTIVE MEMBERS (as of June 1<sup>st</sup>)

	Name: Last, First (Non-Officers List Alphabetically)	Address, Zip+4	Email Address	Telephone Number With Area Code	National Dues	Delta Home	GRIT	Total
1	PRESIDENT							
2	VICE PRESIDENT							
3	RECORDING SECRETARY							
4	TREASURER							
5	CORRESPONDING SECRETARY							
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								

ACTIVE MEMBERS (continued)

	Name: Last, First	Address, Zip+4	Email Address	Telephone Number With Area Code	National Dues	Delta Home	GRIT	Total
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
				Amount Total				

Associate Members

	Name: Last, First	Address, Zip+4	Email Address	Telephone Number With Area Code	National Dues	Delta Home	GRIT	Total
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
				Amount Total				
				Liability Insurance (\$60.00) If including liability insurance please send form to Kris Trapp				
				Grand Total				

X \_\_\_\_\_ X \_\_\_\_\_  
 President Recording Secretary