

Chapter Annual Report &

To be completed by the Chapter Scribe E

To assist in completing this form, a blank / sample PDF is available here: https://forms.durhamfreemasons.org/How%20to%20Guides.htm



Chap	ter Name / Number - North *
\bigcirc	1119 - St Bede
\bigcirc	1274 - Cuneceastre
\bigcirc	1643 - Hebburn
\bigcirc	2135 - Constance
\bigcirc	240 - St Hilda
\bigcirc	2929 - John George Gibson
\bigcirc	3076 - Bernard Gilpin
\bigcirc	3105 - Moseley
\bigcirc	3194 - Penshaw
\bigcirc	3216 - Thornhill
\bigcirc	3217 - Mariner
\bigcirc	3385 - Minerva Chapter of Industry
\bigcirc	3616 - Liddell
\bigcirc	4080 - St. Aidan
\bigcirc	4185 - Elevation
0	4231 - Ryton Holy Cross
0	424 - De Burghi
0	4250 - Derwent
0	4261 - Vane Tempest CoIFP
0	4346 - Washington
0	661 - Unity
\bigcirc	80 - St John & Ashburne
\bigcirc	94 - De Lambton
\bigcirc	9440 - Sportsman's
\bigcirc	949 - Williamson
\bigcirc	97 - Strict Benevolence
\bigcirc	

2.





3. Chapter Name / Number - South *

\bigcirc	111 - Vigilance
\bigcirc	1121 - Babington Boulton
\bigcirc	1230 - Baliol
\bigcirc	124 - Concord
\bigcirc	1334 - Norman
\bigcirc	1379 - Darlington
\bigcirc	1650 - Rose of Raby
\bigcirc	1932 - Whitworth
\bigcirc	2019 - Crook
\bigcirc	2352 - Universities
\bigcirc	2415 - Tristram
\bigcirc	2462 - Clarence
\bigcirc	2791 - Hudson
\bigcirc	3349 - Tow Law
\bigcirc	3360 - Rowlandson
\bigcirc	3568 - City
\bigcirc	375 - Lambton
\bigcirc	3960 - Rowland Burdon
0	4028 - Willington
\bigcirc	4079 - Dunelm
0	4217 - Harte
\bigcirc	509 - Tees
\bigcirc	7478 - Eanred
\bigcirc	764 - Fawcett
\bigcirc	8100 - Old Dunelmian
\bigcirc	9358 - Old Barnardian
\bigcirc	940 - Philanthropy
\bigcirc	9441 - Neville CoIFP
\bigcirc	9454 - Indaba

9667 - Stockton-on-Tees

	O000 - TEST SOUTH CHAPTER
4.	Name of current MEZ *
5.	Date report completed *
6.	Completed by: * Name and position
7.	Was a Chapter Committee involved in compiling the responses? * Yes
	O No
8.	Position of Chapter * Include a detailed statement re progress; report on the health of the Chapter, Finance etc. and add any special or unusual event in connection with the Chapter since the last Annual Convocation of Provincial Grand Chapter.
9.	Has the chapter held any special or unusual events in connection with the Chapter since the last Annual Convocation of Provincial Grand Chapter. * For example, Ceremony of the Veils / Adding More Theatre, demonstrations etc.
A	ccounts
10.	I confirm that the Chapter Accounts relating to the last accounting period of the Chapter and any other funds maintained by the Chapter (such as Charity funds) have been audited, with details circulated to all members in accordance with the Book of Constitutions Rule 153 and the Chapter by Laws, and as such were approved at a meeting of the Chapter. * If selecting "Yes" please enter date approved in the "other box" If selecting "No" please enter a reason and include an expected date for the accounts to be completed
	○ Yes
	O No
	Other

Auditors. *

11. I confirm the Chapter has a copy of the Provincial Guide for Treasurers and the Guide for

Auditors

Please enter the name and dates of appointment of 2 auditors (actual names are required - please do not state 'Incoming

12.	Name of Auditor 1 *	
13.	Date Auditor 1 appointed *	
14.	Name of Auditor 2 *	
1 [Date Auditor 3 appointed *	
15.	Date Auditor 2 appointed *	

Charitable Funds

16. The Total of any NON MASONIC charitable donations made by the Chapter from 1st April last year up to the 31st March of this year was *
*This information is for the MCF – Chapter data will not be identified

The value must be a number



Other Information

17.		ou have any members who have a visual or other disability (e.g. dyslexia) and who may efit from an Audio copy of Provincial Communications? *
	\bigcirc	Yes
	\bigcirc	No
	\bigcirc	Don't know
18.	If 'Ye	rs', please obtain consent and state names so contact can be made in confidence by ince.
		isse state names / contact information for each member - 1 member per line
19.		ur Chapter aware of Archway? *
	More	Details can be found here: https://b.ugle.org.uk/membership/archway
	\bigcirc	Yes
	\bigcirc	No
20.		se detail what resources in Archway you are using. * ecting Other, please provide brief details.
		Shape
		Grow
		Involve
		Enjoy
		Other
21.	Have	e you established a Chapter Care Team? *
	\bigcirc	Yes
	\bigcirc	No
	\bigcirc	Unknown

22. Do you have a written Chapter Plan that is regularly referred to outlining your future

development? *

	Yes
	O No
	Unknown
23	Is there anything the Provincial Team, including the Mentor, Membership Officer or others,
	can do to assist? *
24.	ALL CHAPTERS MUST RESPOND TO THIS REQUEST TO COMPLY WITH PROVINCIAL BYLAWS
	The Chapter will be represented at the Annual Meeting by: *
	*** Insert name and rank of representative if NOT the current MEZ at the time of the meeting***
	Your Email Address.
	A copy of your responses will be emailed to you after submitting this form. Please enter your email address only with no spaces or additional information.
	Please enter your entain address only with no spaces of additional information.

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

Microsoft Forms