

INFORMATION SHEET 2027–2028



Please complete this form and bring it with you to the formational meeting, or return it if you are unable to attend.

MEMBER INFORMATION

Name: _____

Chapter Name & Number: _____

Office / Title (if applicable): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

CHAPTER INFORMATION

Day(s) of regular stated meeting(s): _____

Preferred visitation date (if applicable): Saturday Stated Meeting

Preferred month(s): 1st _____ 2nd _____ 3rd _____

Special anniversary or event during your term? Yes No

If yes, describe and include date(s): _____

CHAPTER ROOM / TEMPLE INFORMATION

Air conditioning? Yes No Handicap accessible? Yes No

Elevator / chair lift / stair lift? Yes No

Available for Association / Group Discussion / Special Meetings? Yes No

Charge or donation requested? No Yes — Amount: _____

PLANS AND PREFERENCES

Special plans or projects for your year: _____

Installation date (if applicable): _____

Emblems / symbols: _____

Colors / flowers: _____

Projects: _____

(Continued on Reverse)

PERSONAL SKILLS

- Construction / Woodworking
- Decorations
- Photography
- Sewing
- Counted Cross Stitch
- Desktop Publishing
- Publicity
- Wherever Needed
- Crafting and Decorative Painting
- Electrician / Electronics
- Registration / Greeting

Especially enjoy helping with: _____

STANDING COMMITTEES, I would be open to serve on, or learn more about ...

- Appeals and Grievances
- Jurisprudence
- OES Library
- Website and Star Matters
- Consolidation
- Membership
- Robert Morris Relief Fund
- ESTARL
- Memorabilia
- Service Dogs

SPECIAL COMMITTEES, I would be open to serve on, or learn more about ...

- Alzheimer's
- Regenerative Medicine
- WGM Special Projects
- Board of Directors
- Road Rally & NCT Dinner
- Youth Scholarship
- Jewelry Sales
- Trip Coordinator

I would be interested in being a Grand Representative to: _____

SESSION ASSIGNMENT, I would be open to serve on, or learn more about ...

- Assistant / Page
- Parliamentarian
- East Design and Decorations
- Flag Tribute
- Sound and Lighting
- Banquet Coordinator
- Corsages / Floral
- Luncheon Coordinator
- Registration
- Teller
- Cinderella's Closet
- Courtier
- Setup and Tear Down
- Signs & Seating
- Theme Baskets

I prefer not to do: _____

COMMENTS / SUGGESTIONS / CONCERNS

RETURN INFORMATION

If you are unable to attend the formation meeting, please email the form to berri27@wayandct.com, or mail to:

Berri L. Wayand, AGM
 PO Box 201
 North Granby, CT 06060

Use this QR Code
 to complete online

