



# CHAPTER MONTHLY RETURN

(Complete, save / scan and email to [cov-sec@demolay.org.au](mailto:cov-sec@demolay.org.au) within 7 days of the end of the month)

**Chapter Name**

**Month ended**

**Attendance Numbers**

Category	Chapter	Visitors
Youth Members		
Senior DeMolays		
Trained Advisors		
Other		
Total		
<b>Grand Total</b>		

**Initiatory Degree performed on**  
(full name / s)

**DeMolay Degree performed on**  
(full name / s)

**Resignations accepted from**  
(full name / s)

**Suspensions**  
(full name / s and reason / s)

**Change of contact details**  
(full name / s, new address / s, new telephone number / s and new mail address / es)

**Merit Bar program**  
(Merit Bar Mentor full name and contact details; and full name / s of Brethren undertaking, colour, category, progress %)

**Master Councillor**

(date installed, full name and contact details)

**Chapter Scribe**

(date installed, full name and contact details)

**Advisory Council Chairman**

(date appointed, full name and contact details)

**Activities since last Report**

(meetings / installations / functions/ activities etc including date / s)

**Financial Report**

(the Executive Director has access to your bank account records – only report on any items of interest or concern)

**Anything else to report?****Chapter Scribe signature****Name:****Contact phone number:**

Submit to:  
Executive Director  
DeMolay Australia Ltd  
[coy-sec@demolay.org.au](mailto:coy-sec@demolay.org.au)