**WOMEN OF THE MOOSE**
155 SOUTH INTERNATIONAL DR
MOOSEHEART, ILLINOIS  60539-1100

**FORM 114**
2021-2022  ← Fiscal Year

**Chapter Membership - May Chapter Meeting** prepared by Chairman.

Read at next month’s meeting. Give to Senior Regent after the meeting.

Project assigned to Committee: **Moosehaven Daily Needs**

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<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Committee Name and Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman’s Name</td>
<td>Enter Installed Chairman’s Name</td>
</tr>
<tr>
<td>Monthly Meeting Date</td>
<td>Date of Meeting (monthly meeting)</td>
</tr>
<tr>
<td>Number of New members present at Chapter Meeting</td>
<td>Enter the number of New Members present</td>
</tr>
<tr>
<td>Number of Candidates balloted upon/enrolled during the month</td>
<td>Enter the number of Candidates enrolled</td>
</tr>
<tr>
<td>Number of committee members present at Chapter Meeting</td>
<td>Enter the number of committee members present at meeting</td>
</tr>
</tbody>
</table>

**Chapter check(s) for:**

**Women of the Moose**
- **Scholarship and Maintenance Fund**
  - Check No. Enter Check Number Amt.$ Enter Dollar Amount
- **Daily Needs**
  - Check No. Enter Check Number Amt.$ Enter Dollar Amount
- **Endowment Fund**
  - Check No. Enter Check Number Amt.$ Enter Dollar Amount

On the back of this form, please explain, in detail, program held (guest speaker, game or skit and refreshments).
Attach a copy of skit and/or detailed description of game.

Attach photos (will not be returned) of activity, meeting, guest speaker and co-workers at meeting/function. Photos may be posted on WOTM webpage and/or shown at International Conferences.

**Community Service for the month (or since your last report)** – Enter the total amount
- **Cash Donations to non-Moose organizations** $ Enter Dollar’s Donated
- **Hours Volunteered** Enter the Number of Hours Volunteered
- **Miles Driven** Enter the Number of Miles Driven

**Enter the Date prepared**
(Date)

**Treasurer or Pro tem signs**
(Committee Chairman)

**Senior Regent or Pro tem signs**
(Senior Regent)

(CPRINT Treasurer’s Name) (Phone #)

(CPRINT Senior Regent’s Name) (Phone #)