

IMPORTANT! This information must be completed for credit!

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

CHAPTER NUMBER: _____
CHAPTER NAME: _____
STATE/PROVINCE: _____

**FORM 114
2023-2024**

Report of **Membership - September Committee Meeting** prepared by Chairman.

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

Project assigned to Committee: **Moosehaven Vision, Hearing and Dental Needs**

**After the Chapter Meeting in October - Send form and checks to:
Women of the Moose Headquarters. DO NOT SEND IN BEFORE THIS DATE.**

Committee Name	<u>Membership - September</u>
Chairman's Name	_____
Monthly Meeting Date	_____
Number of New members present at Chapter Meeting	_____
Number of Candidates voted upon/enrolled during the month	_____
Number of committee members present at Chapter Meeting	_____
Chapter check(s) for:	
Women of the Moose	
Scholarship and Maintenance Fund	Check No. _____ Amt. \$ _____
Vision, Hearing and Dental Needs	Check No. _____ Amt. \$ _____
Endowment Fund	Check No. _____ Amt. \$ _____
(collected and deposited since last report)	

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 \$ _____

Hours Volunteered _____

Miles driven _____

(Date)

(Committee Chairman's Signature)

(Treasurer's Signature)

(Senior Regent's Signature)

(PRINT Treasurer's Name) (Phone #)

(PRINT Senior Regent's Name) (Phone #)

Chapter Seal