

MEMBERSHIP 1 Point for each new member (12 Points Maximum) Enter Names and Initiation Dates Below

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BONUS POINTS: If your Assembly shows positive Growth on your 2008 Annual Report, DOUBLE your Membership Points

CIVIC/COMMUNITY SERVICE 1 Point per Charitable event held in your local community. 12 Points Maximum. Attached form must be completed for each event and turned in with this application for points to be awarded. Enter Event and Date Below.

Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Event	Event	Event	Event	Event	Event	Event	Event	Event	Event	Event	Event

FRATERNAL SERVICE 1 Point per serve out held in your local community. 12 Points Maximum. Attached form must be completed for each event and turned in with this application for points to be awarded. Enter Event and Date Below.

Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Event	Event	Event	Event	Event	Event	Event	Event	Event	Event	Event	Event

RAINBOW NEWS 1 Point per article submitted to the Rainbow News. Attach articles to receive points.

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RITUAL 2 Points per Term will be awarded if all officers give their work, from memory. This must take place before the Mother Advisor, an Advisory Board Member or Grand Deputy. The mother advisor must give term dates and initial that all work was performed from memory to receive the points. Parts delivered in a meeting or initiations are acceptable.

Term Dates:	MA Initials:	Term Dates:	MA Initials:	Term Dates:	MA Initials:
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ADVISORY BOARD MEETINGS 0.25 points per monthly Board Meeting held. Dates and Initials of Chairman REQUIRED

JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY

GRAND CHARITY FUND Enter your total Contributions below. Add 1 bonus point if your is donation is made at your OV

\$1 - \$500 = 1 POINT	\$501 - \$750 = 2 POINTS	\$751 - \$1250 = 3 POINTS	\$1251 + = 4 POINTS

CAMP 1 point/camper (3 Points Max.) Enter Names Below

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SCRAPBOOK 5 Points

WEB SITE 2 Points

Theme:	Address:
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SCHOOL of INSTRUCTION 1 Point for each School conducted by the Mother Advisor or Grand Deputy. Date and initials of Grand Deputy are REQUIRED.

Date:	Init.	Date:	Init.	Date:	Init.
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OBLIGATORY DAYS 1 point per Observance. Forms must be submitted for each Observance.

FOUNDER'S DAY	JULY 8
GO-TO-CHRUCH SUNDAY	APRIL 6

ACTIVITIES 1 Point per activity (3 Maximum per activity). Forms must be completed and submitted with flyers/pictures/tickets/programs to obtain points.

ACTIVITY	DATE	DATE	DATE
ASSEMBLY FUN ACTIVITY			
PARENT NIGHT			
FUNDRAISER			
INSTALLATION			

STATE ACTIVITIES 10 POINTS MAXIMUM per Event.
6 or less Members on 2008 Annual Report =
1 Point per girl in attendance
7 or Mores Members 2008 Annual Report =
0.5 Points per Girl in Attendance

Attached forms must be Submitted and initialed by Mother Advisor

ACTIVITY	2008 MEMBERSHIP	ATTENDEES	TOTAL
GRAND ASSEMBLY 2008		X	
SOUTHERN SCOTTISH RITE		X	
YORK RITE		X	
NORTHERN SCOTTISH RITE		X	
WESTERN SCOTTISH RITE		X	

ANNUAL REPORTS SUBMITTED ON TIME

1 POINT	DATE SUBMITTED:
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RITUAL COMPETITION 2 POINTS MAXIMUM

1 Point Team Competition Participation

1 Point Individual Competition Participation

Attached forms must be completed and initialed by Mother Advisor

TERM PLAN Each Activity under the Activities Section is required to be a scheduled activity on the term plans submitted. Term plans must accompany this form for points to be counted.

TALLY SHEET

- 1) MEMBERSHIP _____
 2008 Growth Bonus x _____
 = _____
- 2) CIVIC/COMMUNITY SERVICE (12 MAX) + _____
 ___ Certified Forms Attached
- 3) FRATERNAL SERVICE + _____
 ___ Certified Forms Attached
- 4) RAINBOW NEWS (6 MAX) + _____
 ___ Published Articles Attached
- 5) RITUAL (6 MAX) + _____
- 6) ADVISORY BOARD MEETINGS + _____
- 7) GRAND CHARITY DONATIONS + _____
 OV BONUS + _____
- 8) CAMP (3 MAX) + _____
- 9) SCRAPBOOK + _____
- 10) WEB SITE + _____
- 11) SCHOOL OF INSTRUCTION (3 MAX) + _____
- 12) OBLIGATORY DAYS + _____
- 13) RITUAL
- TEAM COMPETITION _____
- INDIVIDUAL COMPETITION _____
- + _____

- 14) LOCAL ACTIVITIES (3 POINTS MAX PER ACTIVITY)
- ASSEMBLY FUN ACTIVITY _____
- PARENT NIGHT _____
- FUNDRAISER _____
- INTALLATION _____
- TOTAL + _____
- ___ Certified Forms Attached
- 15) STATE ACTIVITIES (10 POINTS MAX PER ACTIVITY)
- GRAND ASSEMBLY _____
- SOUTHERN RITE _____
- YORK RITE _____
- NORTHERN RITE _____
- WESTERN RITE _____
- TOTAL + _____
- ___ Certified Forms Attached
- 16) ANNUAL REPORT SUBMISSION + _____
- ___ Annual Report Attached
- ___ Term Plans for Each Term Attached
- GRAND TOTAL = _____**

CIVIC/COMMUNITY SERVICE FORM

EVENT: _____

DATE: _____ LOCATION: _____

ATTENDEES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Certified by: _____

NOTE: Activities completed 06/2008 – 02/2009 may be certified by the Mother Advisor. Any Activities completed 03/2009 – 06/2009 must be certified by the local service organization.

CIVIC/COMMUNITY SERVICE FORM

EVENT: _____

DATE: _____ LOCATION: _____

ATTENDEES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
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_____	_____
_____	_____

Certified by: _____

NOTE: Activities completed 06/2008 – 02/2009 may be certified by the Mother Advisor. Any Activities completed 03/2009 – 06/2009 must be certified by the local service organization.

FRATERNAL SERVICE FORM

EVENT: _____

DATE: _____ LOCATION: _____

ATTENDEES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____

Certified by: _____

NOTE: Activities completed 06/2008 – 02/2009 may be certified by the Mother Advisor. Any Activities completed 03/2009 – 06/2009 must be certified by the local fraternal organization.

FRATERNAL SERVICE FORM

EVENT: _____

DATE: _____ LOCATION: _____

ATTENDEES:

_____	_____
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_____	_____
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Certified by: _____

NOTE: Activities completed 06/2008 – 02/2009 may be certified by the Mother Advisor. Any Activities completed 03/2009 – 06/2009 must be certified by the local fraternal organization.

ACTIVITY FORM

EVENT: _____

DATE: _____ LOCATION: _____

ATTENDEES:

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Certified by: _____

NOTE: Activities must be certified by the Mother Advisor or Advisory Board Chairman.

ACTIVITY FORM

EVENT: _____

DATE: _____ LOCATION: _____

ATTENDEES:

_____	_____
_____	_____
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_____	_____

Certified by: _____

NOTE: Activities must be certified by the Mother Advisor or Advisory Board Chairman.

STATE ACTIVITY FORM

EVENT: _____

DATE: _____ LOCATION: _____

ATTENDEES:

_____	_____
_____	_____
_____	_____
_____	_____
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Certified by: _____

NOTE: Activities must be certified by the Mother Advisor or Advisory Board Chairman.

STATE ACTIVITY FORM

EVENT: _____

DATE: _____ LOCATION: _____

ATTENDEES:

_____	_____
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Certified by: _____

NOTE: Activities must be certified by the Mother Advisor or Advisory Board Chairman.