

**O.S.I.A. - GRAND LODGE OF CALIFORNIA**  
**5051 Mission Street**  
**San Francisco, CA 94112-3473**

**STATE DEPUTY QUARTERLY REPORT**

State Deputy Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Lodge Name: \_\_\_\_\_ Number: \_\_\_\_\_

Quarter	Date/Month	Attendance Officers	Attendance Members	New Member Initiated Member Status
1 <sup>ST</sup> Quarter:	____/____/____	____/____	____/____	____/____
2nd Quarter:	____/____/____	____/____	____/____	____/____
3rd Quarter:	____/____/____	____/____	____/____	____/____
4th Quarter:	____/____/____	____/____	____/____	____/____

1. Protocol being observed? YES NO (circle yes or no)
2. Has the following reports been sent to the Grand Lodge?
  - a. MONTHLY MEMBERSHIP? YES NO
  - b. QUARTERLY FINANCIAL? YES NO
  - c. PAID QUARTERLY PER CAPITA TAX? YES NO
3. Lodge Trustees examine books and Trustee report given quarterly? YES NO
4. Have lodge trustees been organized as a Membership Retention Committee to Investigate reasons why members are or have canceled? YES NO
5. Does the lodge have a membership or programs for a membership drive? YES NO
6. Is the lodge incorporated? YES NO
7. Does the lodge have any of the following Chairperson?
  - a. Membership YES NO
  - b. Culture YES NO
  - c. Charity YES NO
  - d. Social Justice YES NO
  - e. Athletics YES NO
  - f. Public Relations YES NO
  - g. Real Property YES NO
  - h. Liability Insurance YES NO
  - i. Fiduciary Bond on Officers YES NO
  - j. Youth YES NO

**NOTE: WRITE YOUR COMMENTS ON REVERSE SIDE**