



Maids of Athena

JUNIOR AUXILIARY OF THE DAUGHTERS OF PENELOPE

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E-MAIL: MOAGrandLodge@gmail.com www.maidsofathena.org

CHAPTER ELECTION RETURN FORM

Term of Office: _____ 20__ to _____ 20__

District # _____ District Name: _____

Chapter # _____ Chapter Name: _____

Chapter Elections were held on _____ 20__

Chapter President (Worthy Maid)

Name _____ MOA Serial Number _____

Address _____

City _____ State/Province _____ Zip Code _____

Phone Number (_____) _____ Home Phone Number (_____) _____

Other Email _____

Chapter Vice President (Loyal Maid)

Name _____ MOA Serial Number _____

Address _____

City _____ State/Province _____ Zip Code _____

Phone Number (_____) _____ Home Phone Number (_____) _____

Other Email _____

Chapter Corresponding Secretary

Name _____ MOA Serial Number _____

Address _____

City _____ State/Province _____ Zip Code _____

Phone Number (_____) _____ Home Phone Number (_____) _____

Other Email _____

Chapter Recording Secretary

Name _____ MOA Serial Number _____

Address _____

City _____ State/Province _____ Zip Code _____

Phone Number (_____) _____ Home Phone Number (_____) _____

Other Email _____

Chapter Treasurer

Name _____ MOA Serial Number _____
Address _____
City _____ State/Province _____ Zip Code _____
Phone Number (_____) _____ Home Phone Number (_____) _____
Other Email _____

Chapter Phylax

Name _____ MOA Serial Number _____
Address _____
City _____ State/Province _____ Zip Code _____
Phone Number (_____) _____ Home Phone Number (_____) _____
Other Email _____

Chapter Delphis

Name _____ MOA Serial Number _____
Address _____
City _____ State/Province _____ Zip Code _____
Phone Number (_____) _____ Home Phone Number (_____) _____
Other Email _____

Chapter Messenger

Name _____ MOA Serial Number _____
Address _____
City _____ State/Province _____ Zip Code _____
Phone Number (_____) _____ Home Phone Number (_____) _____
Other Email _____

Chapter Advisor

Name _____ DOP Serial Number _____
Address _____
City _____ State/Province _____ Zip Code _____
Phone Number (_____) _____ Home Phone Number (_____) _____
Other Email _____

Chapter Advisor

Name _____ DOP Serial Number _____
Address _____
City _____ State/Province _____ Zip Code _____
Phone Number (_____) _____ Home Phone Number (_____) _____
Other Email _____

Please sign and remit this form immediately and after the elections.

Respectfully submitted by:

Chapter President

Date

Chapter Secretary

Date

Chapter Advisor

Date

Please send copies of this form to the following officers:

CC: Maids of Athena Grand President (moagrandpresident@gmail.com)	Maids of Athena District Governor	DOP District Governor
Maids of Athena Grand Liaison Officer	Maids of Athena District Liaison Officer	DOP Chapter President
Maids of Athena National Advisor (moagrandadvisor@gmail.com)	Maids of Athena District Advisor	Chapter File
Maids of Athena HQ (moagrandlodge@gmail.com)		