



# Maids of Athena

JUNIOR AUXILIARY OF THE DAUGHTERS OF PENELOPE

1909 Q STREET NW □ SUITE 500 □ WASHINGTON, DC □ 20009  
PHONE: (202) 232-6300 □ FAX: (202) 232-2140 □ E-MAIL: [MOAGrandLodge@gmail.com](mailto:MOAGrandLodge@gmail.com)  
[www.maidsofathena.org](http://www.maidsofathena.org)

## CHAPTER PROGRAM

**\* Due October 1<sup>st</sup> \***

District # \_\_\_\_\_ District Name \_\_\_\_\_  
Chapter # \_\_\_\_\_ Chapter Name \_\_\_\_\_

Chapter President \_\_\_\_\_

Chapter Advisor \_\_\_\_\_

Approximate No. of Members \_\_\_\_\_

### Chapter Calendar

- August  
Meeting Date: \_\_\_\_\_  
Volunteering/Event: \_\_\_\_\_  
Other: \_\_\_\_\_
- September  
Meeting Date: \_\_\_\_\_  
Volunteering/Event: \_\_\_\_\_  
Other: \_\_\_\_\_
- October  
Meeting Date: \_\_\_\_\_  
Volunteering/Event: \_\_\_\_\_  
Other: \_\_\_\_\_
- November  
Meeting Date: \_\_\_\_\_  
Volunteering/Event: \_\_\_\_\_  
Other: \_\_\_\_\_
- December  
Meeting Date: \_\_\_\_\_  
Volunteering/Event: \_\_\_\_\_  
Other: \_\_\_\_\_
- January  
Meeting Date: \_\_\_\_\_  
Volunteering/Event: \_\_\_\_\_  
Other: \_\_\_\_\_
- February  
Meeting Date: \_\_\_\_\_  
Volunteering/Event: \_\_\_\_\_  
Other: \_\_\_\_\_

*Please remit this form to your Maids of Athena Grand Lodge Liaison & other appropriate executive members*



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- March  
Meeting Date: \_\_\_\_\_  
Volunteering/Event: \_\_\_\_\_  
Other: \_\_\_\_\_
  
- April  
Meeting Date: \_\_\_\_\_  
Volunteering/Event: \_\_\_\_\_  
Other: \_\_\_\_\_
  
- May  
Meeting Date: \_\_\_\_\_  
Volunteering/Event: \_\_\_\_\_  
Other: \_\_\_\_\_
  
- June  
Meeting Date: \_\_\_\_\_  
Volunteering/Event: \_\_\_\_\_  
Other: \_\_\_\_\_
  
- July  
Meeting Date: \_\_\_\_\_  
Volunteering/Event: \_\_\_\_\_  
Other: \_\_\_\_\_

## **Chapter Project**

Name of Chapter Project: \_\_\_\_\_

How you plan to support this Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **National Project**

Name of Chapter Project: \_\_\_\_\_

How you plan to support this Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Comments/Problems**

*Please convey your observations and any concerns regarding your Chapter.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Respectfully submitted by,

\_\_\_\_\_  
Chapter Secretary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter President

\_\_\_\_\_  
Date

Please send copies of this form to the following officers

**CC:** Maids of Athena Grand President  
([moagrandpresident@gmail.com](mailto:moagrandpresident@gmail.com))

Maids of Athena Grand Liaison Officer

Maids of Athena National Advisor  
([moagrandadvisor@gmail.com](mailto:moagrandadvisor@gmail.com))

Maids of Athena HQ  
([moagrandlodge@gmail.com](mailto:moagrandlodge@gmail.com))

Maids of Athena District Governor

Maids of Athena District Liaison Officer

Maids of Athena District Advisor

DOP District Governor

DOP Chapter  
President

Chapter File

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