



**LADIES OF THE GRAND ARMY OF THE REPUBLIC
CIRCLE / DEPARTMENT SEMI-ANNUAL REPORT & PER CAPITA**

Circle/Department _____ **Circle/Department EIN** _____ **Date** _____ Report Ending: May 15th

Number of Circles within your Department _____

Number of Paid Members on last report (which includes Honored Members) _____ (A Circle can give honored status to any member but per capita is still paid by the Circle to the Dept. and to National)

Number of Members gained

By Initiation _____ By Transfer _____ By Reinstatement _____ Total Gained _____

Number of Members lost

By Death _____ By Honorable Discharge _____ By Transfer _____ Dropped _____ Total Lost _____

Total Paid Members Last Report _____ + **Total Gained** _____ - **Total Lost** _____ = **Total Membership** _____ **to pay Per Capita**

Non-Paying Members: Honorary Members _____ (A Circle can give honorary status to any man who qualifies, but no Per Capita is paid to the Dept. or Nat'l, if your Honorary Member wishes to receive the BC, please pay the assessment & mark as such) + Dual Members _____ (per capita is only paid by the Circle that member was first initiated into) + Jr. Members _____ (children as members under the age of 10)

Per Capita tax to be sent to National

General tax _____ @ \$9.00 = \$ _____

Dept. Treasurer _____

Bugle Call _____ @ \$4.00 = \$ _____

Address _____

National Assessment _____ @ \$3.00 = \$ _____

Phone # _____ email _____

Dept./Other Assessment _____ @ _____ = \$ _____

Dept. Secretary _____

Late Fee if not postmarked by due date = \$25.00

Addresss _____

Per Capita Form is Due May 15th.

Circle Secretary please make check payable to your Dept. send to Dept. Secretary; Dept. Secretary please make check payable to "LGAR National Organization" and send to National Secretary.

Total Tax Due \$ _____

I hereby certify that the above is a correct condition of the Department, and a complete roster with addresses verified is attached. I also verify the number of members on roster is the same amount of members being paid for on this per capita. **The department is responsible to pay for all members on the roster whether those members have paid or not.**

President _____ Address _____

Phone # _____ Email _____

Initiated Members

Circle	Name	Address	Date
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Transferred Members In

Circle	Name	Address	Transfer From
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Members with Dual Membership – List by HOME Circle/Dept.

Home Circle	Name	Address	Dual Cir/Dept
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Discharged Members – List by Honorable, Dishonorable, or Dropped

Circle	Name	Address	Discharge Type
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Members Lost to Death

Circle	Name	Address	Date
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Transferred Members Out

Circle	Name	Address	Transfer To
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***Instituted Circle: Members Gained**

Circle	Name	Address
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***Disbanded Circle: Members Lost** – List by disposition of Transferred to/Hon/Dishon/Drop

Circle	Name	Address	Disposition
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If necessary, please use additional pages to provide all information.

*Please attach a current Membership List with Addresses