

GROUP HISTORY FORM

Name of Group: _____
Group Number (New) _____ (Old) D47- _____ -71- _____
District Name: _____ Number _____
Previous Name: _____
Date Founded: _____ Founders: _____
Early Members: _____

Place of First meeting (Including City and State): _____

Present Meeting Place (Including City and State): _____

Time of First Meeting: _____

Current Meetings: _____

Present membership Number: _____ Has Group Moved?: _____

Where to?: _____

When?: _____

GROUP HISTORY: (Please attach additional pages as needed) Suggestions of interest about your group may include the following: special events, anniversaries, meetings outside or any other special practices. Also include interesting antidotes, stories, comments, etc.

Please Return to: **Archives Chair, District 30**
P.O. Box 3202
Fredericksburg, VA 22402

Date: _____ Prepared By: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ () _____