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.

_____
_____
_____
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_____
_____
_____

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

Date: _____ Prepared By: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: __(_____)_____