

CHAPTER, COUNCIL AND COMMANDERY MONTHLY REPORT

REPORT MONTH: _____ YEAR _____

NO CHANGES THIS MONTH

SECRETARY NAME _____

**DUE BY
10TH**

**PLEASE USE
CHANGE ADDRESS FORM
FOR "CHANGE OF ADDRESS"**

Sec Phone _____ Sec Email _____

Signed _____

TOTAL MEMBERS THIS MONTH

CHAPTER NAME			
CHAPTER NUMBER			
COUNCIL NAME			
COUNCIL NUMBER			
COMMANDERY NAME			
COMMANDERY NUMBER			
	(1 Member)	(2 Member)	(3 Member)
CODE (SEE BELOW)			
LAST NAME & Suff. Jr., II.			
FIRST NAME			
MIDDLE NAME			
Date of Birth			
Date of Death			
Home Address			
Home City			
Home Zip Code			
CHAPTER ACCT. NO.			
MARK MASTER (DATE)			
PAST MASTER (DATE)			
M.EXC. MASTER (DATE)			
ROYAL ARCH (DATE)			
COUNCIL ACCT NO.			
ROYAL MASTER (DATE)			
SELECT MASTER (DATE)			
SUPER EXC. M (DATE)			
COMMANDERY ACCT. NO			
RED CROSS (DATE)			
ORD MALTA (DATE)			
ORD TEMPLE (DATE)			

Activity Codes

NEW-New Member

AFD-Affiliated Dual

AFF- Affiliated

REI- Reinstated

EM- Emeritus

DIM- Dimitted

DEC-Deceased

SBL -Suspended Blue Lodge

SUS-Suspended NPD

EMAIL REPORTS TO:

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or FAX to:

1(888) 847-8021

Please Use Multiple Pages if NEEDED