

TOTAL MEMBERS ON LAST MONTH'S REPORT _____

From _____ Commandery No. _____

TOTAL MEMBERS END OF THIS MONTH _____

City _____ State _____

NAME OF PRESENT COMMANDER

NAME OF PRESENT RECORDER

NAME OF FORMER COMMANDER (only if a change from last report)

NAME OF FORMER RECORDER (only if a change from last report)

PLEASE TYPE NAMES ADDRESS AND ZIP CODES

Last Name:		First:		Middle:	
Address:					
City:		State:		Zip+4:	
<input type="checkbox"/>	NEW ADDRESS (If not new address, Select Activity - Knighthood <input type="checkbox"/> , Affiliated <input type="checkbox"/> Place X in Box Reinstated <input type="checkbox"/> , Died <input type="checkbox"/> , Suspended <input type="checkbox"/> , Demitted <input type="checkbox"/> Date			Birth Date:	
				Life Sponsor NO.:	
				Past Commander:	
Occupation:			Dual Member ? (Where?)		
Last Name:		First:		Middle:	
Address:					
City:		State:		Zip+4:	
<input type="checkbox"/>	NEW ADDRESS (If not new address, Select Activity - Knighthood <input type="checkbox"/> , Affiliated <input type="checkbox"/> Place X in Box Reinstated <input type="checkbox"/> , Died <input type="checkbox"/> , Suspended <input type="checkbox"/> , Demitted <input type="checkbox"/> Date			Birth Date:	
				Life Sponsor NO.:	
				Past Commander:	
Occupation:			Dual Member ? (Where?)		
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				Life Sponsor NO.:	
				Past Commander:	
Occupation:			Dual Member ? (Where?)		