

GRAND YORK RITE OF NEBRASKA

Monthly Report From Constituent Secretary/Recorder For_____(Month), 20____ (Year)

PLEASE PRINT

		Number of Members					
Constituent Body (Enter Name and Numb	Last Month	This Month					
Chapter	No.						
Council	No.						
Commandery	No.						
TEMS REPORTED FOR THIS MONTH: (Check Appropriate Box)							

ITEMS REPORTED FOR THIS MONTH: (Check Appropriate Box)							
0	e of Address e of Status						
Last Name	First Name Middle			e Name Date of Birth			
Street		City		State Zip Code			
Home Phone C	Cell Phone	Blue Lodge	Number	City	State		
Email							
CHAPTER (Enter Dates)							
Exalted	Affiliated	Reinstated	Suspended	Demitted	Died		
If Affiliated	, Home Chapter =		Chapter No.	City			
	Dual Member	\square Yes \square N		State			
If Demitted,	demitted to		Chapter No.	•			
				State			
COUNCIL (Enter Dates)							
Greeted	Affiliated	Reinstated	Suspended	Demitted	Died		
If Affiliated	, Home Council =		Council No.	•			
TC 70 1 1	Dual Member	□ Yes □ N		State			
If Demitted,	demitted to		Council No.	•			
State COMMANDERY (Enter Dates)							
Knighted	Affiliated	Reinstated	Suspended Suspended	Demitted	Died		
Muguica	rijjiiaica	Remsiaica	Эизрениси	Demitted	Dicu		
If Affiliated	, Home Cmndry	<u> </u> =	Cmndry No.	. City			
11 1 2/1/ ******************************	Dual Member		•	State			
If Demitted .	demitted to		Cmndry No.				
== = ==================================				State			
Submitted by:		, Secretary	/Recorder	Pageof	Pages		