

INSTALLATION REPORT

_____ Council No. _____, _____, Ne.

**Grand York Rite of Nebraska
2645 B Street
Lincoln, NE 68502
secretary-recorder@neyorkrite.org**

Must be sent in by May 30th

This is to certify that on the date of _____, 20____

the following Companions were installed as offices

MASTER: _____

DEPUTY MASTER: _____

PRINCIPAL CONDUCTOR OF THE WORK: _____

TREASURER: _____

RECORDER: _____

CHAPLAIN: _____

CAPTAIN OF THE GUARD: _____

CONDUCTOR OF THE COUNCIL: _____

STEWARD: _____

SENTINEL: _____

Dues \$_____, Degree Fees \$_____

Recorder