

Chapter/Council Activity Report

To be **TYPED**, completed, and filed with the Grand Secretary/Recorder within 10 days of listed activity.

Name of Organization: _____ No.: _____
 Located at: _____ Date: _____
 Secretary or Recorder Name: _____

Additions - Degree Work

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ - DOB: _____ Elected: _____ Degree: _____ Date: _____ Degree: _____ Date: _____ Degree: _____ Date: _____ Degree: _____ Date: _____ Lodge: _____ No.: _____ Chapter:* _____ No.: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ - DOB: _____ Elected: _____ Degree: _____ Date: _____ Degree: _____ Date: _____ Degree: _____ Date: _____ Degree: _____ Date: _____ Lodge: _____ No.: _____ Chapter:* _____ No.: _____
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* Only fill in Chapter information for new Council Members

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ - DOB: _____ Elected: _____ Degree: _____ Date: _____ Degree: _____ Date: _____ Degree: _____ Date: _____ Degree: _____ Date: _____ Lodge: _____ No.: _____ Chapter:* _____ No.: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ - DOB: _____ Elected: _____ Degree: _____ Date: _____ Degree: _____ Date: _____ Degree: _____ Date: _____ Degree: _____ Date: _____ Lodge: _____ No.: _____ Chapter:* _____ No.: _____
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* Only fill in Chapter information for new Council Members

Additions - Affiliation as Multiple Member

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ - DOB: _____ Elected: _____ Lodge: _____ No.: _____ City: _____ State: _____ Chapter:* _____ No.: _____ City: _____ State: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ - DOB: _____ Elected: _____ Lodge: _____ No.: _____ City: _____ State: _____ Chapter:* _____ No.: _____ City: _____ State: _____
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* Only fill in Chapter information for new Council Members

Additions - Reinstatement

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____ -	State: _____ Zip: _____ -
DOB: _____ Elected: _____	DOB: _____ Elected: _____
Lodge: _____ No.: _____	Lodge: _____ No.: _____
Chapter:* _____ No.: _____	Chapter:* _____ No.: _____

* Only fill in Chapter information for new Council Members

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____ -	State: _____ Zip: _____ -
DOB: _____ Elected: _____	DOB: _____ Elected: _____
Lodge: _____ No.: _____	Lodge: _____ No.: _____
Chapter:* _____ No.: _____	Chapter:* _____ No.: _____

* Only fill in Chapter information for new Council Members

Additions - Affiliation Transfer of Membership

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____ -	State: _____ Zip: _____ -
DOB: _____ Elected: _____	DOB: _____ Elected: _____
Demit From: _____ Date: _____	Demit From: _____ Date: _____
Lodge: _____ No.: _____	Lodge: _____ No.: _____
City: _____ State: _____	City: _____ State: _____
Chapter:* _____ No.: _____	Chapter:* _____ No.: _____
City: _____ State: _____	City: _____ State: _____

* Only fill in Chapter information for new Council Members

Instructions: Fill out all the information that applies. Only one organization may report on the same form. Use the members' full name. Only fill in the Chapter information on Council activities. When reporting degree work, report each degree and date – you do not have to duplicate personal information. Only send in section of report having to do with your activities. We want to collect information on members' current Lodge and Chapter if applicable. Use the notes section for additional comments or information.

Mail, email, or fax report within **10 days** of activity to:

Frederick A. Troxel, Jr.
 Grand Secretary/Recorder
 2102 NE Colonnade Ave.
 Blue Springs, MO 64029-9697

Phone 816-224-4940
 Fax 816-224-4934
 Email gyr@moyorkrite.org

Notes:

Chapter/Council Activity Report

To be **TYPED**, completed, and filed with the Grand Secretary/Recorder within 10 days of listed activity.

Name of Organization: _____ No.: _____
Located at: _____ Date: _____
Secretary or Recorder Name: _____

Deletions – Suspended for Non-payment of Dues

Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____

Suspension NPD by Lodge, Chapter, or Council must be noted.

Deletions – Demitted Without Privileges

Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____

Demit from Lodge, Chapter, or Council must be noted.

Deletions – Demitted – Transfer of Membership

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____ -	State: _____ Zip: _____ -
Transfer to: _____ Date: _____	Transfer to: _____ Date: _____
City: _____ State: _____	City: _____ State: _____

Deletions – Demitted as a Multiple Member

Your Original Member

Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____

Deletions – Demitted – Withdrew from Multiple Membership

Not Your Original Member

Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____

Deletions – Deaths

Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____

Remission of Dues – Other than 50-year Members

Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____
Name: _____	Date: _____	By: _____

Instructions: Fill out all the information. Only one organization may report on the same form. Use the members’ full name. Suspension must indicate by Lodge, Chapter or Council. Only send in section of report having to do with your activities. Use the notes section for additional comments or information.

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Grand Secretary/Recorder
2102 NE Colonnade Ave.
Blue Springs, MO 64029-9697

Phone 816-224-4940
Fax 816-224-4934
Email gyr@moyorkrite.org

Notes:

Chapter/Council Activity Report

To be **TYPED**, completed, and filed with the Grand Secretary/Recorder within 10 days of listed activity.

Name of Organization: _____ No.: _____
Located at: _____ Date: _____
Secretary or Recorder Name: _____

Installation of Officers

Officers (Circle One)

High Priest / Ill. Master	First: _____ Address: _____ Home Phone: _____	Middle: _____ City: _____ Work: _____	Last: _____ State: _____ Zip+4: _____ Email: _____
King / Dep. Master	First: _____ Address: _____ Home Phone: _____	Middle: _____ City: _____ Work: _____	Last: _____ State: _____ Zip+4: _____ Email: _____
Scribe / PCW	First: _____ Address: _____ Home Phone: _____	Middle: _____ City: _____ Work: _____	Last: _____ State: _____ Zip+4: _____ Email: _____
Treasurer	First: _____ Address: _____ Home Phone: _____	Middle: _____ City: _____ Work: _____	Last: _____ State: _____ Zip+4: _____ Email: _____
Secretary / Recorder	First: _____ Address: _____ Home Phone: _____	Middle: _____ City: _____ Work: _____	Last: _____ State: _____ Zip+4: _____ Email: _____
Capt. Host/Capt. Guard	First: _____ Address: _____ Home Phone: _____	Middle: _____ City: _____ Work: _____	Last: _____ State: _____ Zip+4: _____ Email: _____
Prin. Soj / Cond. Council	First: _____ Address: _____ Home Phone: _____	Middle: _____ City: _____ Work: _____	Last: _____ State: _____ Zip+4: _____ Email: _____
RAC / Marshal	First: _____ Address: _____ Home Phone: _____	Middle: _____ City: _____ Work: _____	Last: _____ State: _____ Zip+4: _____ Email: _____
M 3 V / Steward	First: _____ Address: _____ Home Phone: _____	Middle: _____ City: _____ Work: _____	Last: _____ State: _____ Zip+4: _____ Email: _____
M 2 V / Sentinel	First: _____ Address: _____ Home Phone: _____	Middle: _____ City: _____ Work: _____	Last: _____ State: _____ Zip+4: _____ Email: _____
M 1 V / Chaplain	First: _____ Address: _____ Home Phone: _____	Middle: _____ City: _____ Work: _____	Last: _____ State: _____ Zip+4: _____ Email: _____

Chapter Sentinel First: _____ Middle: _____ Last: _____
 Address: _____ City: _____ State: _____ Zip+4: _____
 Home Phone: _____ Work: _____ Email: _____

Chapter Chaplain First: _____ Middle: _____ Last: _____
 Address: _____ City: _____ State: _____ Zip+4: _____
 Home Phone: _____ Work: _____ Email: _____

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Name of Organization: _____ No.: _____
Located at: _____ Date: _____
Secretary or Recorder Name: _____

Change of Address

Name: First: _____ Middle: _____ Last: _____
New Address: _____ City: _____ State: _____ Zip+4: _____

Name: First: _____ Middle: _____ Last: _____
New Address: _____ City: _____ State: _____ Zip+4: _____

Name: First: _____ Middle: _____ Last: _____
New Address: _____ City: _____ State: _____ Zip+4: _____

Name: First: _____ Middle: _____ Last: _____
New Address: _____ City: _____ State: _____ Zip+4: _____

Name: First: _____ Middle: _____ Last: _____
New Address: _____ City: _____ State: _____ Zip+4: _____

Instructions: Fill out all the information. Only one organization may report on the same form. Use the members' full name. Only send in section of report having to do with your activities. Use the notes section for additional comments or information.

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