

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

\* Only fill in Chapter information for new Council Members

## Additions - Affiliation as Multiple Member

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____ -	State: _____ Zip: _____ -
DOB: _____ Elected: _____	DOB: _____ Elected: _____
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

## 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

## Additions - Affiliation Transfer of Membership

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

Kevin B. Sample  
 Grand Secretary/Recorder  
 325 Starla Road  
 Columbia, MO 65202-6628

Phone 573-442-5500  
 Fax 573-442-5533  
 Email moyorkrite@msn.com

Notes:

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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: _____

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: _____

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**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: _____

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**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.

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

Kevin B. Sample  
Grand Secretary/Recorder  
325 Starla Road  
Columbia, MO 65202-6628

Phone 573-442-5500  
Fax 573-442-5533  
Email moyorkrite@msn.com

Notes:

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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: \_\_\_\_\_

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Secretary or Recorder Name: \_\_\_\_\_

## Installation of Officers

Officers

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

Treasurer

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

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

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