

**GRAND COUNCIL MERIT AWARD**

FOR USE BY THE MASTER  
INSTALLED DURING HIS TERM OF OFFICE

The Grand Council of Missouri Council Merit Award will recognize subordinate Councils and their Masters for meritorious service during their term of office. The Master and Council Officers shall be responsible for accomplishing the requirements identified below. After each item is completed, the Master shall document its completion. **After all items have been completed, the application shall be reviewed, verified, and signed by the Regional Deputy Grand Master.** Once verified, R.D.G.M. shall then forward the application to the Chairman of the Grand Council Merit Award Committee **no later than April 15, 2020.**

**Mail to: Donald MacCormick, Chair**  
17000 E. 44<sup>th</sup> Street S  
Independence, MO 64055  
dmaccormick@mac.com

**Applications received after April 15, 2020 will not be awarded until 2021, no exceptions.**

**GRAND COUNCIL MERIT AWARD APPLICATION**

Council Name: \_\_\_\_\_ No: \_\_\_\_\_

Master: \_\_\_\_\_  
(Print Name in Full)

- 1. Installation of Officers:
 

Open Installation	<input type="checkbox"/>
Other	<input type="checkbox"/>
Date:	_____
Guests Present:	_____
  
- 2. Attended 2019 Grand Council Assembly:  
*(Illustrious Master and one of three listed officers must attend. Proxies for IM only will only be accepted via personal written request to Grand Master.)*

Master	<input type="checkbox"/>
Deputy Master	<input type="checkbox"/>
Principal Cond. of Work	<input type="checkbox"/>
Recorder	<input type="checkbox"/>
  
- 3. Opening of Council without use of Ritual book:
 

Date:	_____
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- 4. Reception of Distinguished Guests without use of Ritual book:
 

Date:	_____
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- 5. Attended Regional York Rite Conference:  
*(Illustrious Master and three of six must attend. Proxies will not be accepted. R.D.G.M. must verify participation.)*

Deputy Master	<input type="checkbox"/>
Principal Cond. of Work	<input type="checkbox"/>
Recorder	<input type="checkbox"/>
Captain of the Guard	<input type="checkbox"/>
Conductor of the Council	<input type="checkbox"/>
Marshal	<input type="checkbox"/>
Steward	<input type="checkbox"/>

Date of Conference: \_\_\_\_\_  
Location of Conference: \_\_\_\_\_

- |     |   |   |
|-----|---|---|
| 6.  | Attendance at Ritual School conducted in Council by Regional Deputy Grand Lecturer: <i>(Four of seven must be in attendance.)</i>   | Master <input type="checkbox"/><br>Deputy Master <input type="checkbox"/><br>Principal Cond. of Work <input type="checkbox"/><br>Captain of the Guard <input type="checkbox"/><br>Conductor of the Council <input type="checkbox"/><br>Marshal <input type="checkbox"/><br>Steward <input type="checkbox"/> |
|     | Date of Instruction: _____<br>Conducted By: _____   |   |
| 7.  | Participate in a Council Degree Conferral: <i>(One officer must participate)</i>  | Date: _____<br>Location: _____  |
| 8.  | Mail or email Trestleboard to all members: <i>(May be mailed with dues notice – Send a copy with this application)</i>  | Date: _____   |
| 9.  | Council Social Event: <i>(Such as Past Master’s Night, Youth Recognition Night, Widow’s Banquet, Holiday Dinner.)</i>   | Date: _____<br>Event: _____   |
| 10. | Contribute to CMMRF: <i>(Cryptic Masons Medical Research Foundation)</i>  | Date: _____   |
| 11. | Contribute to Grand Council Charity Endowment Fund:   | Date: _____   |
| 12. | Educational Program:  | Date: _____   |
|     | Program On: _____   |   |
|     | Presentation By: _____  |   |
| 13. | Annual Report received by stated deadline <i>(which includes timely filing of the 990-N)</i>  | Date: _____   |
| 14. | Alternate for one of the above:<br>Participation in a work day at the Missouri Lodge of Research <b>and</b> Contribution from a Fundraiser for the MOLOR Foundation<br>or Presented Cryptic Council Information at a Symbolic Lodge<br><i>(attach a list of members participating and a copy of contribution)</i> | Date: _____<br>Date: _____<br>Date: _____   |

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***(RDGM is to review 2019 Proceedings Credentials Committee Report to validate item No. 2.)***

I certify the authenticity of this application and recommend approval.

RDGM \_\_\_\_\_ Date: \_\_\_\_\_

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Approved/Disapproved by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Grand Council Merit Award Committee)*