

York Rite Monthly Report

Please complete on the last day of the month and forward to the Grand Sec/Rec. except Dec. Must be received by 10 pm on 12/31.

Month of Report _____, 20__

City _____ Date Submitted: _____ Secretary/Recorder _____
Mark body(ies) changes are for? Membership # as of: Last Rpt. This Rpt. High Priest: _____
Chapter # _____ Ill. Master: _____
Council # _____ Commander: _____
Comm. # _____

Chapter Council Commandery Date of Birth _____ Place of Birth _____
Last _____ First _____ Middle _____ MMS _____
Add _____ Chapter MMS # _____ State _____
City _____ State _____ Zip _____ Council MMS # _____ Email _____
Action Type **Required Field** *If you have a new member, affiliation, or dual membership, you must complete & attach the new member form.* KT MMS # _____
 New Address Demitted Suspended - NPD Admit on Demit New
 Reinstated Died Suspended - NMA Admit Plural Remit
Additional Information

Chapter Council Commandery Date of Birth _____ Place of Birth _____
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Add _____ Chapter MMS # _____ State _____
City _____ State _____ Zip _____ Council MMS # _____ Email _____
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Additional Information

Date Rec'd GRC:

MMS
 State
 Email
 Labels

MMS
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 Labels

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