

THE MOST WORSHIPFUL PRINCE HALL
GRAND LODGE OF OHIO F & AM
_____ QUARTER 20

QUARTERLY REPORT
of

LODGE _____ NO. _____
PRINCE HALL FREE and ACCEPTED MASONS

Due to office of Grand Secretary no later than _____

Notice to Lodge Secretary: Two copies of this report must be filled out. The report should be typewritten. Mail one (1) copy (WHITE) to the Grand Secretary, 50 Hamilton Park, Columbus, Ohio 43203. Retain the duplicate copy for your files.

First Quarter (July, August, September)

Third Quarter (January, February, March)

Second Quarter (October, November, December)

Fourth Quarter (April, May, June)

MEMBERS RAISED DURING QUARTER

	Date of Birth	Beneficiary	Date Raised
1. Name	_____	_____	_____
Address	_____	Zip	SS#
Tel #	_____	Email	_____
2. Name	_____	_____	_____
Address	_____	Zip	SS#
Tel #	_____	Email	_____
3. Name	_____	_____	_____
Address	_____	Zip	SS#
Tel #	_____	Email	_____
4. Name	_____	_____	_____
Address	_____	Zip	SS#
Tel #	_____	Email	_____

***YOU MAY COPY THIS FORM TO ADD ADDITIONAL NAMES**

MEMBERS REINSTATED DURING QUARTER

	Date of Birth	Beneficiary	Date Reinstated
1. Name	_____	_____	_____
Address	_____	Zip	SS#
Tel #	_____	Email	_____
2. Name	_____	_____	_____
Address	_____	Zip	SS#
Tel #	_____	Email	_____
3. Name	_____	_____	_____
Address	_____	Zip	SS#
Tel #	_____	Email	_____
4. Name	_____	_____	_____
Address	_____	Zip	SS#
Tel #	_____	Email	_____

***YOU MAY COPY THIS FORM TO ADD ADDITIONAL NAMES**

_____ QUARTER 20 _____

_____ LODGE NO. _____ PRINCE HALL, F. & A.M.

MEMBERS RECEIVED BY DEMIT DURING QUARTER

	Date of Birth	Beneficiary	Date Demitted
1. Name _____	_____	_____	_____
Address _____			Zip _____
Lodge Demitted From _____		Location _____	
Date Raised to MM _____		SS# _____	
Tel # _____		Email _____	
Masonic years of Service Verified to qualify for 25/50 year service pin & charity		Yes	No

2. Name _____	_____	_____	_____
Address _____			Zip _____
Lodge Demitted From _____		Location _____	
Date Raised to MM _____		SS# _____	
Tel # _____		Email _____	
Masonic years of Service Verified to qualify for 25/50 year service pin & charity			

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NON PRINCE HALL MASONS HEALED DURING QUARTER

	Date of Birth	Beneficiary	Date Healed
1. Name _____	_____	_____	_____
Address _____			Zip _____
Former Lodge _____		Location _____	
Date Raised to MM _____		SS# _____	
Tel # _____		Email _____	
Masonic years of Service Verified to qualify for 25/50 year service pin & charity		Yes	No

2. Name _____	_____	_____	_____
Address _____			Zip _____
Former Lodge _____		Location _____	
Date Raised to MM _____		SS# _____	
Tel # _____		Email _____	
Masonic years of Service Verified to qualify for 25/50 year service pin & charity		Yes	No

*YOU MAY COPY THIS FORM TO ADD ADDITIONAL NAMES

MEMBERS SUSPENDED DURING QUARTER

	Name	Date Suspended	Reason
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

MEMBERS EXPELLED DURING QUARTER

	Name	Date Expelled	Reason
2.	_____	_____	_____

MEMBERS DIED DURING QUARTER

	Name	Date Died	Benefits Applied For (Yes • No)	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

MEMBERS DEMITTED FROM LODGE DURING QUARTER

	Name	Date Demitted	Lodge Name and #	State
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

QUARTER 20 _____

LODGE NO. _____

PRINCE HALL, F. & A.M.

COMPUTATION

- 1. Number Master Masons returned last Quarter (Line 15, last Quarter Report) _____
- 2. Number Master Masons raised _____
- 3. Number Master Masons reinstated _____
- 4. Number Master Masons admitted by Demit _____
- 5. Number Non-Prince Hall Masons obligated _____
- 6. Total Membership _____

NUMBER OF MASTER MASONS DROPPED FROM ROLL DURING QUARTER

- 7. Master Masons Suspended - Non Payment of Dues _____
- 7a. Master Masons Suspended - Non Proficiency _____
- 8. Master Masons Expelled _____
- 9. Master Masons Suspended - Unmasonic Conduct _____
- 10. Master Masons deceased _____
- 11. Master Masons demitted to other Lodges _____
- 12. Total Deductions _____

PRESENT MEMBERSHIP

- 13. List Total Membership from Line 6 _____
- 14. List Total Deductions from Line 12 (Subtract) _____
- 15. *Present Membership (use this figure on Line 1 next Quarter)* _____
- 16. Members exempt from Per Capita Tax _____
- 16a. Number of Exempt Members deceased this Quarter _____

MEMBERSHIP COMPUTATION OF PER CAPITA CHARITY & GLDF TAX

- 17. Members liable for Grand Lodge Per Capita tax (from line 6) _____
- 18. Less Line 16, members exempt from dues _____
- 19. Less Line 16a, exempt members deceased _____
- 20. Number of Master Masons liable for Per Capita and GLDF Tax _____
- 21. Master Masons (all members) liable for Charity tax (from line 17) _____ x \$2.25 \$ _____

PER CAPITA CHARITY TAX COMPUTATION (ALL MEMBERS)

Check One: Pay amount on Line 21 to, MWPHGL Charity Fund

- 22. Master Masons liable for General Fund tax (from line 20) _____ x \$7.00 \$ _____

Check Two: Pay amount on Line 22 to, MWPHGL General Fund

- 23. Master Masons liable for Development fund (from line 20) _____ x \$1.00 \$ _____

Check Three: Pay amount on Line 23 to, MWPHGL Development Fund

Attest

_____ Worshipful Master _____ Secretary

Tel # _____ Fax _____ Tel # _____ Fax _____

Email _____ Email _____

Quarterly Returns

Lodge: _____

Address: _____

City: _____, Ohio Zip Code: _____

List all **50-Year Members**; last name first:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

List all **Retired Members**, exempt from payment of Grand Dues; last name first:

- | | |
|-----------|-----------|
| 1. _____ | 14. _____ |
| 2. _____ | 15. _____ |
| 3. _____ | 16. _____ |
| 4. _____ | 17. _____ |
| 5. _____ | 18. _____ |
| 6. _____ | 19. _____ |
| 7. _____ | 20. _____ |
| 8. _____ | 21. _____ |
| 9. _____ | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ | 26. _____ |

The names listed above are the members shown as exempt by the Grand Lodge. You are not permitted to add names unless prior approval is given by the Grand Lodge. The number in parenthesis is the option selected for the individual members. If any of these members should die during the reporting period, please draw a line through their name and make the necessary calculations on page 3.