

**QUARTERLY OR ANNUAL REPORT**

**CHECK OR CIRCLE**

LODGE NAME \_\_\_\_\_ No. \_\_\_\_\_ YEAR \_\_\_\_\_

REMIT TO GRAND SECRETARY. 2005 COBBS FORD ROAD, STE. 200 PRATTVILLE, AL 36066  
PLEASE PRINT OR TYPE CLEARLY. USE NUMERALS FOR ALL DATES (MM/DD/YY)

1<sup>ST</sup> QTR     2<sup>ND</sup> QTR     3<sup>RD</sup> QTR     4<sup>TH</sup> QTR  
10/14        01/14        04/14        07/14

CHECK AND SIGN BELOW IF THERE IS NOTHING TO REPORT  
MEMBERSHIP IS THE SAME AS LAST REPORT

**PLEASE USE BLUE OR BLACK INK – DO NOT USE PENCIL**

**1. INITIATED, PASSED, AND RAISED NAMES IN FULL**

NAME	DATE OF BIRTH	PLACE OF BIRTH	DATE INITIATED	DATE PASSED	DATE RAISED
ADDRESS					
CITY	ZIP				
NAME	DATE OF BIRTH	PLACE OF BIRTH	DATE INITIATED	DATE PASSED	DATE RAISED
ADDRESS					
CITY	ZIP				
NAME	DATE OF BIRTH	PLACE OF BIRTH	DATE INITIATED	DATE PASSED	DATE RAISED
ADDRESS					
CITY	ZIP				
NAME	DATE OF BIRTH	PLACE OF BIRTH	DATE INITIATED	DATE PASSED	DATE RAISED
ADDRESS					
CITY	ZIP				

**2. REINSTATED NAMES IN FULL**

NAME	DATE SUSPENDED	DATE REINSTATED
NAME	DATE SUSPENDED	DATE REINSTATED
NAME	DATE SUSPENDED	DATE REINSTATED
NAME	DATE SUSPENDED	DATE REINSTATED

**3. DECEASED NAMES IN FULL**

NAME	DATE OF BIRTH	DATE OF DEATH	PERPETUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	DATE OF BIRTH	DATE OF DEATH	PERPETUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	DATE OF BIRTH	DATE OF DEATH	PERPETUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	DATE OF BIRTH	DATE OF DEATH	PERPETUAL? <input type="checkbox"/> YES <input type="checkbox"/> NO

**4. AFFILIATED BY DIMIT OR TRANSFER OR FOR DUAL MEMBERSHIP WITH THIS LODGE**

NAME	DUAL	D-T	DATE OF BIRTH	PLACE OF BIRTH	DATE AFFILIATED	FROM LODGE NAME & NO.	STATE		
ADDRESS			CITY	ZIP	DEGREE LODGE NAME & NO.	STATE	EA DATE	FC DATE	MM DATE
NAME	DUAL	D-T	DATE OF BIRTH	PLACE OF BIRTH	DATE AFFILIATED	FROM LODGE NAME & NO.	STATE		
ADDRESS			CITY	ZIP	DEGREE LODGE NAME & NO.	STATE	EA DATE	FC DATE	MM DATE
NAME	DUAL	D-T	DATE OF BIRTH	PLACE OF BIRTH	DATE AFFILIATED	FROM LODGE NAME & NO.	STATE		
ADDRESS			CITY	ZIP	DEGREE LODGE NAME & NO.	STATE	EA DATE	FC DATE	MM DATE

**5. DIMITTED OR TRANSFERRED FROM THIS LODGE**

NAME	D-T	DATE	TO STATE & LODGE NO	SELF
NAME	D-T	DATE	TO STATE & LODGE NO	SELF

**6. DUAL MEMBER OF THIS LODGE WITHDRAWN OR DIMITTED OUT OF STATE**

NAME	DATE	TO STATE & LODGE NO	SELF
NAME	DATE	TO STATE & LODGE NO	SELF

**7. EXPELLED OR SUSPENDED FOR UNMASONIC CONDUCT**

NAME	DATE	ACTION
NAME	DATE	ACTION

**REJECTED**

NAME	DATE REJECTED
NAME	DATE REJECTED

**MEMBER OF THIS LODGE APPROVED FOR DUAL MEMBERSHIP WITH ANOTHER LODGE**

NAME	DATE	WITH LODGE NAME & NO
NAME	DATE	WITH LODGE NAME & NO

PREVIOUS UNPAID \_\_\_\_\_  
 \_\_\_\_\_ REINSTATED @ \$8.00    \$ \_\_\_\_\_  
 \_\_\_\_\_ EA FEES @ \$10.00    \$ \_\_\_\_\_  
  
**TOTAL** \_\_\_\_\_  
  
 LODGE SEAL \_\_\_\_\_  
  
 \_\_\_\_\_  
 SECRETARY SIGNATURE

TOTAL MEMBERSHIP ON LAST REPORT \_\_\_\_\_  
 (OR CORRECTED MEMBERSHIP NUMBER)  
 ADD: BOX 1 RAISED \_\_\_\_\_  
 BOX 4 AFFILIATED \_\_\_\_\_  
 BOX 2 REINSTATED \_\_\_\_\_  
**SUBTOTAL** \_\_\_\_\_  
 LESS: BOX 5&6 DIMITTED OR TRANSFERRED \_\_\_\_\_  
 BOX 3 DIED \_\_\_\_\_  
 BOX 7 SUSPENDED OR EXPELLED \_\_\_\_\_  
 BOX 8 SNPD \_\_\_\_\_  
**TOTAL MEMBERSHIP** \_\_\_\_\_

8. SUSPENDED NPD NAMES IN FULL		ADDRESS CHANGES ONLY
NAME _____	DATE 6 - 24 - _____	NAME _____
NAME _____	DATE 6 - 24 - _____	ADDRESS _____
NAME _____	DATE 6 - 24 - _____	NAME _____
NAME _____	DATE 6 - 24 - _____	ADDRESS _____
NAME _____	DATE 6 - 24 - _____	NAME _____
NAME _____	DATE 6 - 24 - _____	ADDRESS _____
NAME _____	DATE 6 - 24 - _____	NAME _____
NAME _____	DATE 6 - 24 - _____	ADDRESS _____
NAME _____	DATE 6 - 24 - _____	NAME _____
NAME _____	DATE 6 - 24 - _____	ADDRESS _____
NAME _____	DATE 6 - 24 - _____	NAME _____
NAME _____	DATE 6 - 24 - _____	ADDRESS _____
NAME _____	DATE 6 - 24 - _____	NAME _____
NAME _____	DATE 6 - 24 - _____	ADDRESS _____
NAME _____	DATE 6 - 24 - _____	NAME _____
NAME _____	DATE 6 - 24 - _____	ADDRESS _____
NAME _____	DATE 6 - 24 - _____	NAME _____
NAME _____	DATE 6 - 24 - _____	ADDRESS _____
NAME _____	DATE 6 - 24 - _____	NAME _____
NAME _____	DATE 6 - 24 - _____	ADDRESS _____
NAME _____	DATE 6 - 24 - _____	NAME _____
NAME _____	DATE 6 - 24 - _____	ADDRESS _____
NAME _____	DATE 6 - 24 - _____	NAME _____
NAME _____	DATE 6 - 24 - _____	ADDRESS _____

MINISTERS EXEMPT PER EDICT 18.2		MINISTERS EXEMPT PER EDICT 18.2 (CONT.)
NAME _____		NAME _____
NAME _____		NAME _____
NAME _____		NAME _____
NAME _____		NAME _____

FOR ANNUAL PAYMENT OF DUES ONLY					
# OF MEMBERS IN GOOD STANDING					_____
(LESS) # OF EXEMPT MINISTERS (PER EDICT 18.2)		( - )			_____
<b>TOTAL MEMBERS FOR CALCULATING GRAND LODGE DUES</b>					_____
(LESS) # OF LIVING PERPETUAL MEMBERSHIPS		( - )			_____
TOTAL NON-PERPETUAL MEMBERS	@ \$8.00	( = )		=	\$ _____
(PLUS) # OF LIVING PERPETUAL MEMBERS	@ \$8.00	( + )		=	\$ _____
(PLUS) # OF LIVING PERPETUAL MEMBERS	@ \$6.00	( + )		=	\$ _____
(PLUS) # OF DECEASED PERPETUALS (MEMORIALS)	@ \$8.00	( + )		=	\$ _____
(PLUS) # OF DECEASED PERPETUALS (MEMORIALS)	@ \$6.00	( + )		=	\$ _____
(PLUS) # OF DECEASED PERPETUALS (MEMORIALS)	@ \$4.00	( + )		=	\$ _____
<b>TOTAL DUES REMITTANCE ENCLOSED</b>					\$ _____
PENNIES PROGRAM SUBMISSION					\$ _____
(REMIT SEPARATE CHECK IF POSSIBLE)					