

Set No. _____ of _____ CRYPTIC MASON MEMBERSHIP

TOTAL MEMBERS ON LAST MONTH'S REPORT _____

TOTAL MEMBERS END OF THIS MONTH _____

REPORT, MONTH OF _____ 20_____

From _____ Council No. _____

City _____ State _____

NAME OF PRESENT ILLUSTRIOUS MASTER _____

NAME OF PRESENT RECORDER _____

NAME OF FORMER ILLUSTRIOUS MASTER (ONLY IF CHANGE FROM LAST REPORT) _____

NAME OF FORMER RECORDER (ONLY IF CHANGE FROM LAST REPORT) _____

PLEASE TYPE OR PRINT NAMES, ADDRESSES AND ZIP CODES

LAST NAME:		FIRST:		MIDDLE:	
ADDRESS:					
CITY:		STATE:		ZIP:	
NEW ADDRESS (if not new, hit space bar in box) Activity: <input type="checkbox"/> Exalted: <input type="checkbox"/>			DATE:	Birth Date:	
Hit Space Bar in Box: Reinstated <input type="checkbox"/> ; Died <input type="checkbox"/> ; Suspended <input type="checkbox"/> ; Demitted: <input type="checkbox"/>			DATE:	Past Illustrious Master:	
NOTE:				Dual Member? (Where):	
NOTE:					

LAST NAME:		FIRST:		MIDDLE:	
ADDRESS:					
CITY:		STATE:		ZIP:	
NEW ADDRESS (if not new, hit space bar in box) Activity: <input type="checkbox"/> Exalted: <input type="checkbox"/>			DATE:	Birth Date:	
Hit Space Bar in Box: Reinstated <input type="checkbox"/> ; Died <input type="checkbox"/> ; Suspended <input type="checkbox"/> ; Demitted: <input type="checkbox"/>			DATE:	Past Illustrious Master:	
NOTE:				Dual Member? (Where):	
NOTE:					

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Hit Space Bar in Box: Reinstated <input type="checkbox"/> ; Died <input type="checkbox"/> ; Suspended <input type="checkbox"/> ; Demitted: <input type="checkbox"/>			DATE:	Past Illustrious Master:	
NOTE:				Dual Member? (Where):	
NOTE:					

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NOTE:				Dual Member? (Where):	
NOTE:					