

Set No. _____ of _____ KNIGHTS TEMPLAR MEMBERSHIP

REPORT, MONTH OF _____ 20_____

TOTAL MEMBERS ON LAST MONTH'S REPORT _____

From _____ Commandery No. _____

TOTAL MEMBERS END OF THIS MONTH _____

City _____ State _____

NAME OF PRESENT EMINENT COMMANDER _____

NAME OF PRESENT RECORDER _____

NAME OF FORMER EMINENT COMMANDER (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 Commander	
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 Commander	
NOTE:				Dual Member? (Where):	
NOTE:					

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CITY:		STATE:		ZIP:	
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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 Commander	
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 Commander	
NOTE:				Dual Member? (Where):	
NOTE:					