

Chapter Monthly Report

Mail, fax, or email report no later than 1st day of each month to:

(Use TAB KEY to move between fields, use Space Bar to put x in box, do not use ALL CAPS)

Grand York Rite of Missouri
2102 NE Colonnade Ave
Blue Springs, MO 64029-9697
Tel: 816.224.4940
Fax: 816.224.4934
gyr@moyorkrite.org

Date: _____

Chapter: _____ No. _____

No Activity to Report

USE ONE PAGE PER MEMBER

Personal Information Address Change

Legal Name: _____
First Name Middle Name (no initial) Last Name, including suffix, i.e., Jr., Sr., III Date of Birth

Address: _____
Street City State Zip + 4

Lodge: _____
Lodge Name Lodge No. City State

Phone: () - Email: _____

Degree Conferrals

Mark Master Degree Date _____
 Past Master Degree Date _____
 Most Excellent Master Degree Date _____
 Royal Arch Degree Date _____

Request Certificates

25-Year Certificate Date Due _____
 50-Year Certificate Date Due _____
 Endowed Membership Date _____

Termination of Membership

Deceased Date _____
 Suspended by Lodge Date _____
 Suspended by Chapter for NPD Date _____
 Suspended – Un-Masonic Conduct Date _____
 Dimitted – Withdraw from Membership Date _____
 Dimitted – Withdraw Dual Membership Date _____
 Dimitted – Transferred to Date _____
Chapter: _____ No. _____
City: _____ State _____

Membership Status

Affiliated – as a Dual Member Date _____
Orig. Chapter: _____ No. _____
City: _____ State _____
 Affiliated – Transferred Membership from Date _____
Orig. Chapter: _____ No. _____
City: _____ State _____
 Affiliated after Dimit (from this Chapter) Date _____
 Reinstated – after Suspension Date _____

Notes/Comments

Please limit to 7 lines of text, use tab to escape to signature below.

Signature of Secretary: _____