

Set No. _____ of _____ KNIGHT 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 COMMANDER _____

NAME OF PRESENT RECORDER _____

NAME OF FORMER COMMANDER (only if a change from last report) _____

NAME OF FORMER RECORDER (only if a change from last report) _____

PLEASE TYPE OR PRINT NAMES, ADDRESSES AND ZIP CODES

LAST NAME		FIRST	MIDDLE
ADDRESS			
CITY		STATE	ZIP + 4
<input type="checkbox"/>	NEW ADDRESS Place "X" in box.	(If not new address, Select activity – Knighted <input type="checkbox"/> , Affiliated <input type="checkbox"/> , Reinstated <input type="checkbox"/> , Died <input type="checkbox"/> , Suspended <input type="checkbox"/> , Demitted <input type="checkbox"/> – with DATE.	
		Occupation:	Date of Activity $\sqrt{\text{ed}}$
			Birth Date:
			Life Sponsor No.:
			Past Commander?
			Dual Member? (Where?)
LAST NAME		FIRST	MIDDLE
ADDRESS			
CITY		STATE	ZIP + 4
<input type="checkbox"/>	NEW ADDRESS Place "X" in box.	(If not new address, Select activity – Knighted <input type="checkbox"/> , Affiliated <input type="checkbox"/> , Reinstated <input type="checkbox"/> , Died <input type="checkbox"/> , Suspended <input type="checkbox"/> , Demitted <input type="checkbox"/> – with DATE.	
		Occupation:	Date of Activity $\sqrt{\text{ed}}$
			Birth Date:
			Life Sponsor No.:
			Past Commander?
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		Occupation:	Date of Activity $\sqrt{\text{ed}}$
			Birth Date:
			Life Sponsor No.:
			Past Commander?
			Dual Member? (Where?)