

**Chapter:** \_\_\_\_\_ **No.** \_\_\_\_\_

**Council:** \_\_\_\_\_ **No.** \_\_\_\_\_

**Commandery:** \_\_\_\_\_ **No.** \_\_\_\_\_

No Activity to Report

**USE ONE PAGE PER MEMBER**

**Personal Information** Use full legal name, no initials, no nicknames  Address Change Only

Name: \_\_\_\_\_ mm/dd/yyyy  
First Name Middle Name Last Name, including suffix, i.e., Jr., Sr., III Date of Birth

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree/Order Conferrals <small>mm/dd/yyyy</small>	In Good Standing	New Member / Veteran Certificate Request			
<input type="checkbox"/> Mark Master _____	Lod _____	Cha <small>mm/dd/yyyy</small>	Cou <small>mm/dd/yyyy</small>	Com <small>mm/dd/yyyy</small>	
<input type="checkbox"/> Past Master _____	No. _____ State _____	New Mbr <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Most Ex Master _____		25-Yr <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Royal Arch _____		40-Yr <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Royal Master _____	Cha _____	50-Yr <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Select Master _____	No. _____ State _____	Endowed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Super Ex Master _____		Special <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Red Cross _____	Cou _____	Describe: _____			
<input type="checkbox"/> Malta _____	No. _____ State _____				
<input type="checkbox"/> Temple _____					

Reinstatement/Affiliation <i>(enter degree dates above and Orig. Org. below)</i> <small>mm/dd/yyyy</small>	Comments:
<input type="checkbox"/> Reinstated following SNPD	
<input type="checkbox"/> via Certificate of Good Standing	
<input type="checkbox"/> via Certificate of Dimit	
<input type="checkbox"/> Dual Member	
Where from, complete all that apply:	
Original Chapter: _____ No. _____	
Original Council: _____ No. _____	
Original Commandery: _____ No. _____	
City/State if other than Missouri: _____ State _____	
<input type="checkbox"/> Cha Suspension / Dimit Date _____ Reinstatement / Affiliation Date _____	
<input type="checkbox"/> Cou Suspension / Dimit Date _____ Reinstatement / Affiliation Date _____	
<input type="checkbox"/> Com Suspension / Dimit Date _____ Reinstatement / Affiliation Date _____	

Termination of Membership	Cha <small>mm/dd/yyyy</small>	Cou <small>mm/dd/yyyy</small>	Com <small>mm/dd/yyyy</small>	
Deceased _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suspended Non-Payment of Dues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suspended UnMasonic Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Expelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dimit – Withdraw Membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dimit – Withdraw Dual Membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dimit – Transfer (Complete Below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer to Chapter: _____			No. _____	
Transfer to Council: _____			No. _____	
Transfer to Commandery: _____			No. _____	

Secretary/Recorder Submitting Report: \_\_\_\_\_

Date Received by Office: \_\_\_\_\_

Date Entered into GYR Database: \_\_\_\_\_ Entered by: \_\_\_\_\_