

# CRYPTIC COUNCIL MONTHLY REPORT



MONTHLY MEMBERSHIP UP-DATE FOR \_\_\_\_\_, 20\_\_\_\_  
 (Month)

\_\_\_\_\_  
 (Council Name) COUNCIL, NO. \_\_\_\_\_, \_\_\_\_\_, CO  
 (City)

**THRICE ILLUSTRIOUS MASTER**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**RECORDER**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

### Month's Recap

No. of Members at beginning of Month: _____	No. of Members at end of Month: _____
Gains: _____	Losses: _____
No. Greeted: _____	No Demitted: _____
No. Affiliated: _____	No. Died: _____
No. Reinstatements: _____	No. Suspended: _____
Total Gains: _____	Total Losses: _____

PLEASE TYPE OR PRINT NAMES & ADDRESS WITH ZIP CODES  
 (PLACE "X" IN APPLICABLE BOX AND SHOW DATED)

LAST NAME:	FIRST:	MIDDLE:
ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH:		
E-Mail:		

<input type="checkbox"/> NEW ADDRESS? <input type="checkbox"/> GREETED <input type="checkbox"/> AFFILIATED <input type="checkbox"/> Dual/Plural <input type="checkbox"/> REINSTATED	<input type="checkbox"/> DIED <input type="checkbox"/> DEMITTED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> EXPELLED	EFFECTIVE DATE OF THIS CHANGE: _____
--	---	--

LAST NAME:	FIRST:	MIDDLE:
ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH:		
E-Mail:		

<input type="checkbox"/> NEW ADDRESS? <input type="checkbox"/> GREETED <input type="checkbox"/> AFFILIATED <input type="checkbox"/> Dual/Plural <input type="checkbox"/> REINSTATED	<input type="checkbox"/> DIED <input type="checkbox"/> DEMITTED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> EXPELLED	EFFECTIVE DATE OF THIS CHANGE: _____
--	---	--

LAST NAME:	FIRST:	MIDDLE:
ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH:		
E-Mail:		

<input type="checkbox"/>	NEW ADDRESS?
<input type="checkbox"/>	GREETED
<input type="checkbox"/>	AFFILIATED <input type="checkbox"/> Dual/Plural
<input type="checkbox"/>	REINSTATED

<input type="checkbox"/>	DIED
<input type="checkbox"/>	DEMITTED
<input type="checkbox"/>	SUSPENDED
<input type="checkbox"/>	EXPELLED

EFFECTIVE DATE  
OF THIS CHANGE:  
\_\_\_\_\_

LAST NAME:	FIRST:	MIDDLE:
ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH:		
E-Mail:		

<input type="checkbox"/>	NEW ADDRESS?
<input type="checkbox"/>	GREETED
<input type="checkbox"/>	AFFILIATED <input type="checkbox"/> Dual/Plural
<input type="checkbox"/>	REINSTATED

<input type="checkbox"/>	DIED
<input type="checkbox"/>	DEMITTED
<input type="checkbox"/>	SUSPENDED
<input type="checkbox"/>	EXPELLED

EFFECTIVE DATE  
OF THIS CHANGE:  
\_\_\_\_\_

LAST NAME:	FIRST:	MIDDLE:
ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH:		
E-Mail:		

<input type="checkbox"/>	NEW ADDRESS?
<input type="checkbox"/>	GREETED
<input type="checkbox"/>	AFFILIATED <input type="checkbox"/> Dual/Plural
<input type="checkbox"/>	REINSTATED

<input type="checkbox"/>	DIED
<input type="checkbox"/>	DEMITTED
<input type="checkbox"/>	SUSPENDED
<input type="checkbox"/>	EXPELLED

EFFECTIVE DATE  
OF THIS CHANGE:  
\_\_\_\_\_

LAST NAME:	FIRST:	MIDDLE:
ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH:		
E-Mail:		

<input type="checkbox"/>	NEW ADDRESS?
<input type="checkbox"/>	GREETED
<input type="checkbox"/>	AFFILIATED <input type="checkbox"/> Dual/Plural
<input type="checkbox"/>	REINSTATED

<input type="checkbox"/>	DIED
<input type="checkbox"/>	DEMITTED
<input type="checkbox"/>	SUSPENDED
<input type="checkbox"/>	EXPELLED

EFFECTIVE DATE  
OF THIS CHANGE:  
\_\_\_\_\_

**COMPLETE THIS PAGE IMMEDIATELY AFTER ANNUAL ELECTIONS  
LIST OF OFFICERS  
FOR THE YEAR 2\_\_\_\_\_**



This will certify, that as a result of the Annual Elections of \_\_\_\_\_ No. \_\_\_\_\_  
Cryptic Masons held \_\_\_\_\_ the following Officers were elected, or appointed to serve the ensuing year:  
(Give FULL name, address, zip code phone number and e-mail of each officer)

**T.I.M.**

Complete Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**I.D.M.**

Complete Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**I.P.C.of W.**

Complete Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**TREASURER**

Complete Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**RECORDER**

Complete Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**C.o G.**

Complete Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**C.o C.**

Complete Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**STEWARD**

Complete Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**SENTINEL**

Complete Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**STATED ASSEMBLIE HELD \_\_\_\_\_ each month**

**MEETING PLACE AND ADDRESS: \_\_\_\_\_**

**Date: \_\_\_\_\_ Recorder: \_\_\_\_\_**

**Seal**

Please send this report to Grand Recorder Immediately after Annual Elections so the State Directory can be printed and in your hands as early as possible