

COMMANDERY of K.T. MONTHLY REPORT



MONTHLY MEMBERSHIP UP-DATE _____, 20____
 (Month)

PAGE 1 OF 2

_____, COMMANDERY, NO. _____, _____, CO _____
 (Commandery Name) (City)

COMMANDER

RECORDER

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____

Month's Recap

No. of Members at beginning of Month: _____
 Gains: _____
 No. Knighted: _____
 No. Affiliated: _____
 No. Reinstatements: _____
 Total Gains: _____

No. of Members at end of Month: _____
 Losses: _____
 No Demitted: _____
 No. Died: _____
 No. Suspended: _____
 Total Losses: _____ ZZ

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:		
OCCUPATION:		LIFE SPONSOR#

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

<input type="checkbox"/>	DIED	EFFECTIVE DATE OF THIS CHANGE _____
<input type="checkbox"/>	DEMITTED	
<input type="checkbox"/>	SUSPENDED	
<input type="checkbox"/>	EXPELLED	

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