

**COMPLETE THIS PAGE IMMEDIATELY AFTER ANNUAL ELECTIONS**  
**LIST OF NEW OFFICERS**  
**FOR THE YEAR 20\_\_\_\_\_**

This will certify, that as a result of the Annual Elections of \_\_\_\_\_ No. \_\_\_\_\_  
R.A.M. held on \_\_\_\_\_ 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)

**H.P.**

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

**KING**

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

**SCRIBE**

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

**TREASURER**

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

**SECRETARY**

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

**C.O.H.**

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

**P.S.**

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

**R.A.C.**

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

**M. 3<sup>RD</sup> V.**

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

**M. 2<sup>ND</sup> V.**

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

**M. 1<sup>ST</sup> V.**

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

**SENTINEL**

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

**STATED CONVOCATIONS HELD ON THE \_\_\_\_\_ of each month.**  
**MEETING PLACE AND ADDRESS: \_\_\_\_\_**

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

**Seal**

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