

ROYAL ARCH CHAPTER MONTHLY REPORT

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

PAGE 1 OF 2

_____ CHAPTER, NO. _____, _____ CO _____
 (Chapter Name) (City)

HIGH PRIEST

SECRETARY

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____

Month's Recap

No. of Members at beginning of Month: _____
 Gains: _____

No. of Members at end of Month: _____
 Losses: _____

No. Exalted: _____

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"/> DIED	EFFECTIVE DATE
<input type="checkbox"/> EXALTED	<input type="checkbox"/> DEMITTED	OF THIS CHANGE
<input type="checkbox"/> AFFILIATED <input type="checkbox"/> Dual/Plural	<input type="checkbox"/> SUSPENDED	_____
<input type="checkbox"/> REINSTATED	<input type="checkbox"/> EXPELLED	

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ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH:		
E-Mail:		

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<input type="checkbox"/> AFFILIATED <input type="checkbox"/> Dual/Plural	<input type="checkbox"/> SUSPENDED	_____
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