ROYAL ARCH CHAPTER MONTHLY REPORT

MONTHLY MEMBERSHIP UP-DATE	(Month)	, 20	PAGE 1 OF 2						
(Chapter Name)	IAPTER, NO	(City)	, <u>CO</u>						
HIGH PRIEST Name: Address: Phone: E-Mail:		SECRETARY Name: Address:							
					E-IVIAII.		E-Mall.		
							onth's Recap		
					No. of Members at beginning of Month: Gaines:		No. of Members at end of Month: Losses:		
					No. Exalted:		No Demitted:		
No. Affiliated:		No. Died:							
No. Reinstatements: Total Gaines:		No. Suspended:							
		_ Total Losses:	Total Losses:						
		IT NAMES & ADDRESS WITH ZIP PLICABLE BOX AND SHOW DAT	ED)						
LAST NAME: ADDRESS:	FIRST:		MIDDLE:						
CITY:	STATE:		ZIP:						
DATE OF BIRTH:									
E-Mail:									
NEW ADDRESS?		DIED	EFFECTIVE DATE						
EXALTED		DEMITTED	OF THIS CHANGE						
AFFILIATED Dual/Plural		SUSPENDED							
REINSTATED		EXPELLED							
LAST NAME:	FIRST:		MIDDLE:						
ADDRESS: CITY:	STATE:		ZIP:						
DATE OF BIRTH:	STATE:		ZIF:						
E-Mail:									
NEW ADDRESS?		DIED	EFFECTIVE DATE						
EXALTED		DEMITTED	OF THIS CHANGE						
AFFILIATED Dual/Plural		SUSPENDED							
REINSTATED		EXPELLED							

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LAST NAME:	FIRST:		MIDDLE:	
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CITY: DATE OF BIRTH:	STATE:		ZIP:	
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AFFILIATED Dual/Plural		SUSPENDED		
REINSTATED		EXPELLED		
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