

Sht No. _____ of _____

MEMBERSHIP REPORT MONTH OF _____, 20____

TOTAL MEMBERS ON LAST MONTH'S REPORT _____

From _____ Chapter No. _____

TOTAL MEMBERS END OF THIS MONTH _____

City _____ State _____

NAME OF PRESENT HIGH PRIEST _____

NAME OF PRESENT SECRETARY _____

PLEASE TYPE OR PRINT NAMES, ADDRESSES, AND ZIP CODES

LAST NAME		FIRST		MIDDLE		
ADDRESS						TELEPHONE NO.
CITY			STATE	ZIP	SPOUSE'S NAME	
<input type="checkbox"/>	NEW ADDRESS ONLY	Activity (check box)	Affiliated <input type="checkbox"/>	Exalted <input type="checkbox"/>	Birth Date	
Place "X" in Box	Reinstated <input type="checkbox"/>	Died <input type="checkbox"/>	Suspended <input type="checkbox"/>	Demitted <input type="checkbox"/>	Grand Office	
E-Mail			Date		Past HP	
IF AFFILIATED, from Where		TOP LINE SIGNER		Dual Member?	Where?	
LAST NAME		FIRST		MIDDLE		
ADDRESS						TELEPHONE NO.
CITY			STATE	ZIP	SPOUSE'S NAME	
<input type="checkbox"/>	NEW ADDRESS ONLY	Activity (check box)	Affiliated <input type="checkbox"/>	Exalted <input type="checkbox"/>	Birth Date	
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E-Mail			Date		Past HP	
IF AFFILIATED, from Where		TOP LINE SIGNER		Dual Member?	Where?	

When complete email to: gyr@flgyr.org