

Grand Council Royal & Select Masters of Florida

Report of Election of Officers for

2018

Council Name: _____ **Council No.:** _____ **City:** _____

• **Illustrious Master:** _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Business: _____

Email Address: _____

• **Deputy Master:** _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Business: _____

Email Address: _____

• **Principal Conductor of Work:** _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Business: _____

Email Address: _____

• **Treasurer:** _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Business: _____

Email Address: _____

• **Secretary:** _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Business: _____

Email Address: _____

Meets at: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Time of Meeting: _____ Date: (e.g. 2nd Tue. 1st and 3rd Wed.) _____

Meets jointly with: Chapter Name: _____ Chapter No.: _____ Comm. Name: _____ Comm. No.: _____

Fees for the degrees: \$ _____ Dues: \$ _____

(IF different than Secretary's Home)

MAILING ADDRESS: _____

IMMEDIATELY AFTER ELECTION, MAIL FORM TO:



GRAND YORK RITE BODIES

PO BOX 13496

TAMPA, FL 33681-3496

OR EMAIL TO: GYRFLA@VERIZON.NET

If Council has more than one meeting place, please attach schedule with street addresses, cities, and phone numbers.