

Sht No. _____ of _____

MEMBERSHIP REPORT MONTH OF _____, 20____

TOTAL MEMBERS ON LAST MONTH'S REPORT _____

From _____ Council No. _____

TOTAL MEMBERS END OF THIS MONTH _____

City _____ State _____

NAME OF PRESENT ILLUSTRIOUS MASTER _____

NAME OF PRESENT RECORDER _____

PLEASE TYPE OR PRINT NAMES, ADDRESSES, AND ZIP CODES

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

When complete, email to: gyr@flgyr.org

FORM RSM-MR
Rev 04/12