

QUARTERLY REPORT TO GRAND YORK RITE BODIES OF OKLAHOMA

FROM _____ CHAPTER NO. _____ FOR QUARTER ENDED _____,
 _____ COUNCIL NO. _____
 _____ COMMANDERY _____

POST OFFICE ADDRESS: _____

LIST BELOW ALL DEGREES/ORDERS CONFERRED, AFFILIATIONS, REINSTATEMENTS, DEATHS, DEMITS, SUSPENSIONS, EXPULSIONS, AND WITHDRAWALS FOR THE QUARTER IF DUAL AFFILIATIONS WRITE THE WORD "DUAL" AFTER THE NAME.

NAME IN FULL _____		DATE OF BIRTH _____	
LODGE MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
CHAPTER MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
COUNCIL MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
COMMANDERY MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
AFFILIATION DATE: _____	FROM _____	CHAPTER NO. _____	, CITY, _____ STATE _____
AFFILIATION DATE: _____	FROM _____	COUNCIL NO. _____	, CITY, _____ STATE _____
AFFILIATION DATE: _____	FROM _____	COMMANDERY NO. _____	, CITY, _____ STATE _____
DATE OF SUSPENSION NPD: CHAPTER _____		COUNCIL _____	COMMANDERY _____
REINSTATEMENT DATE: CHAPTER _____		COUNCIL _____	COMMANDERY _____
DATE OF WITHDRAWAL: CHAPTER _____		COUNCIL _____	COMMANDERY _____
DATE OF DEMIT: CHAPTER _____		TO CHAPTER _____	
	COUNCIL _____	TO COUNCIL _____	
	COMMANDERY _____	TO COMMANDERY _____	
DATE OF DEATH _____	: RA _____ CM _____ KT _____	DATE OF SUSPENSION UMC _____	DATE OF EXPULSION _____
DATE OF _____	MM _____ . PM _____	MEM _____	RA _____
DATE OF _____	RM _____ . SM _____	SEM _____	
DATE OF _____	ORC _____ . OM _____	OT _____	SOC.SEC.NO. _____

NAME IN FULL _____		DATE OF BIRTH _____	
LODGE MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
CHAPTER MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
COUNCIL MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
COMMANDERY MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
AFFILIATION DATE: _____	FROM _____	CHAPTER NO. _____	, CITY, _____ STATE _____
AFFILIATION DATE: _____	FROM _____	COUNCIL NO. _____	, CITY, _____ STATE _____
AFFILIATION DATE: _____	FROM _____	COMMANDERY NO. _____	, CITY, _____ STATE _____
DATE OF SUSPENSION NPD: CHAPTER _____		COUNCIL _____	COMMANDERY _____
REINSTATEMENT DATE: CHAPTER _____		COUNCIL _____	COMMANDERY _____
DATE OF WITHDRAWAL: CHAPTER _____		COUNCIL _____	COMMANDERY _____
DATE OF DEMIT: CHAPTER _____		TO CHAPTER _____	
	COUNCIL _____	TO COUNCIL _____	
	COMMANDERY _____	TO COMMANDERY _____	
DATE OF DEATH _____	: RA _____ CM _____ KT _____	DATE OF SUSPENSION UMC _____	DATE OF EXPULSION _____
DATE OF _____	MM _____ . PM _____	MEM _____	RA _____
DATE OF _____	RM _____ . SM _____	SEM _____	
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CHAPTER MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
COUNCIL MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
COMMANDERY MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
AFFILIATION DATE: _____	FROM _____	CHAPTER NO. _____	, CITY, _____ STATE _____
AFFILIATION DATE: _____	FROM _____	COUNCIL NO. _____	, CITY, _____ STATE _____
AFFILIATION DATE: _____	FROM _____	COMMANDERY NO. _____	, CITY, _____ STATE _____
DATE OF SUSPENSION NPD: CHAPTER _____		COUNCIL _____	COMMANDERY _____
REINSTATEMENT DATE: CHAPTER _____		COUNCIL _____	COMMANDERY _____
DATE OF WITHDRAWAL: CHAPTER _____		COUNCIL _____	COMMANDERY _____
DATE OF DEMIT: CHAPTER _____		TO CHAPTER _____	
	COUNCIL _____	TO COUNCIL _____	
	COMMANDERY _____	TO COMMANDERY _____	
DATE OF DEATH _____	: RA _____ CM _____ KT _____	DATE OF SUSPENSION UMC _____	DATE OF EXPULSION _____
DATE OF _____	MM _____ . PM _____	MEM _____	RA _____
DATE OF _____	RM _____ . SM _____	SEM _____	
DATE OF _____	ORC _____ . OM _____	OT _____	SOC.SEC.NO. _____

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CHAPTER MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
COUNCIL MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
COMMANDERY MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
AFFILIATION DATE: _____	FROM _____	CHAPTER NO. _____	, CITY, _____ STATE _____
AFFILIATION DATE: _____	FROM _____	COUNCIL NO. _____	, CITY, _____ STATE _____
AFFILIATION DATE: _____	FROM _____	COMMANDERY NO. _____	, CITY, _____ STATE _____
DATE OF SUSPENSION NPD: CHAPTER _____		COUNCIL _____	COMMANDERY _____
REINSTATEMENT DATE: CHAPTER _____		COUNCIL _____	COMMANDERY _____
DATE OF WITHDRAWAL: CHAPTER _____		COUNCIL _____	COMMANDERY _____
DATE OF DEMIT: CHAPTER _____		TO CHAPTER _____	
	COUNCIL _____	TO COUNCIL _____	
	COMMANDERY _____	TO COMMANDERY _____	
DATE OF DEATH _____	: RA _____ CM _____ KT _____	DATE OF SUSPENSION UMC _____	DATE OF EXPULSION _____
DATE OF _____	MM _____ . PM _____	MEM _____	RA _____
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CHAPTER MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
COUNCIL MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
COMMANDERY MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
AFFILIATION DATE: _____	FROM _____	CHAPTER NO. _____	, CITY, _____ STATE _____
AFFILIATION DATE: _____	FROM _____	COUNCIL NO. _____	, CITY, _____ STATE _____
AFFILIATION DATE: _____	FROM _____	COMMANDERY NO. _____	, CITY, _____ STATE _____
DATE OF SUSPENSION NPD: CHAPTER _____		COUNCIL _____	COMMANDERY _____
REINSTATEMENT DATE: CHAPTER _____		COUNCIL _____	COMMANDERY _____
DATE OF WITHDRAWAL: CHAPTER _____		COUNCIL _____	COMMANDERY _____
DATE OF DEMIT: CHAPTER _____		TO CHAPTER _____	
	COUNCIL _____	TO COUNCIL _____	
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DATE OF DEATH _____	: RA _____ CM _____ KT _____	DATE OF SUSPENSION UMC _____	DATE OF EXPULSION _____
DATE OF _____	MM _____ . PM _____	MEM _____	RA _____
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DATE OF _____	ORC _____ . OM _____	OT _____	SOC.SEC.NO. _____

NAME IN FULL _____		DATE OF BIRTH _____	
LODGE MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
CHAPTER MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
COUNCIL MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
COMMANDERY MEMBERSHIP _____	NO. _____	LOCATION: CITY _____	STATE _____
AFFILIATION DATE: _____	FROM _____	CHAPTER NO. _____	, CITY, _____ STATE _____
AFFILIATION DATE: _____	FROM _____	COUNCIL NO. _____	, CITY, _____ STATE _____
AFFILIATION DATE: _____	FROM _____	COMMANDERY NO. _____	, CITY, _____ STATE _____
DATE OF SUSPENSION NPD: CHAPTER _____		COUNCIL _____	COMMANDERY _____
REINSTATEMENT DATE: CHAPTER _____		COUNCIL _____	COMMANDERY _____
DATE OF WITHDRAWAL: CHAPTER _____		COUNCIL _____	COMMANDERY _____
DATE OF DEMIT: CHAPTER _____		TO CHAPTER _____	
	COUNCIL _____	TO COUNCIL _____	
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DATE OF DEATH _____	: RA _____ CM _____ KT _____	DATE OF SUSPENSION UMC _____	DATE OF EXPULSION _____
DATE OF _____	MM _____ . PM _____	MEM _____	RA _____
DATE OF _____	RM _____ . SM _____	SEM _____	
DATE OF _____	ORC _____ . OM _____	OT _____	SOC.SEC.NO. _____

Quarter Ending:

GIVE DATES BELOW OF ALL CONVOCATIONS, ASSEMBLIES, AND CONCLAVES, STATED, SPECIAL, FIELD DAYS, HELD DURING THE QUARTER.

Chapter No.				Council No.				Commandery No.					
DATE	CHAP,COUNCIL OR COMM. NO.	ATTENDANCE MEM	VIST		DATE	CHAP,COUNCIL OR COMM. NO.	ATTENDANCE MEM	VIST		DATE	CHAP,COUNCIL OR COMM. NO.	ATTENDANCE MEM	VIST
_____	_____	_____	_____		_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____		_____	_____	_____	_____

PLEASE INCLUDE BELOW A SCHEDULE OF WORK PLANNED FOR THE NEXT QUARTER, INCLUDING FIELD DAYS. IF YOU HAVE ELECTED CANDIDATES PLEASE INDICATE AND WHEN WORK IS PLANNED. ALSO, INCLUDE OTHER SPECIAL EVENTS, SUCH AS RELIGIOUS AFFIRMATION SUNDAY, ETC.

RECAPITULATION

_____ Mark Master at \$4.00 each	\$ _____	_____ Royal Master at \$5.00 each	\$ _____
_____ Past Master at \$4.00 each	\$ _____	_____ Select Master at \$5.00 each	\$ _____
_____ Most Excellent at \$4.00 each	\$ _____	_____ Reinstatement Fee at \$10.00 each	\$ _____
_____ Royal Arch at \$4.00 each	\$ _____		
_____ Reinstatement Fee at \$10.00 each	\$ _____		
TOTAL DUE GRAND CHAPTER	\$ _____	TOTAL DUE GRAND COUNCIL	\$ _____
_____ Order of Red Cross at \$5.00 each	\$ _____		
_____ Order of Malta at \$5.00 each	\$ _____		
_____ Order of Temple at \$10.00 each	\$ _____		
_____ Reinstatement Fee at \$10.00 each	\$ _____		
TOTAL DUE GRAND COMMANDERY	\$ _____		
New Members: Chap _____ Coun _____ Comm _____		Reinstatement: Chap _____ Coun _____ Comm _____	
Affiliations: Chap _____ Coun _____ Comm _____		Demits: Chap _____ Coun _____ Comm _____	
Suspension NPD: Chap _____ Coun _____ Comm _____		Expulsions: Chap _____ Coun _____ Comm _____	
Suspension UMC: Chap _____ Coun _____ Comm _____		Deaths: Chap _____ Coun _____ Comm _____	
Withdrawals: Chap _____ Coun _____ Comm _____			

I CERTIFY THAT THIS IS CORRECT AND TRUE:

(SIGNED)

, RECORDER

TO THE RECORDER: THIS REPORT IS DUE IN THE OFFICE OF THE GRAND RECORDER ON THE 15TH DAY OF THE FIRST MONTH FOLLOWING THE CLOSE OF EACH QUARTER IN THE YEAR. RETURN EVEN IF THERE HAS BEEN NO DEGREE WORK DURING THE QUARTER. PLEASE RETAIN A COPY FOR YOUR FILES.