

MONTHLY ACTIVITY REPORT

Report covers the month of 20

.....Lodge No

.....Secretary

Covers period of one calendar month. This report must reach the Grand Secretary on or before the 10th of the following month. The report must be filed even though the Lodge had no work or activity.

REMITTANCE	
E.A. Degrees Conferred	
_____ E.A. Degree Fee @2.00	\$ _____
_____ E.A. Contributions @15.00	\$ _____
TOTAL	\$ _____
Make check payable to: Grand Lodge of Oklahoma	

PLEASE PRINT OR TYPE

ENTERED APPRENTICE DEGREES

PLEASE FILL OUT COMPLETELY

Full Name.....Last.....First.....Middle..... Birth Date.....

Address..... Degree Date.....

City..... State..... Zip Code.....

Occupation Soc. Sec No.....

Full Name.....Last.....First.....Middle..... Birth Date.....

Address..... Degree Date.....

City..... State..... Zip Code.....

Occupation Soc. Sec No.....

Full Name.....Last.....First.....Middle..... Birth Date.....

Address..... Degree Date.....

City..... State..... Zip Code.....

Occupation Soc. Sec No.....

Full Name.....Last.....First.....Middle..... Birth Date.....

Address..... Degree Date.....

City..... State..... Zip Code.....

Occupation Soc. Sec No.....

FELLOWCRAFT DEGREES			DATE	MASTER MASON DEGREES			DATE
..... <small>Last</small>.....	.....<small>First</small>.....	.....<small>Middle</small>.....		.....<small>Last</small>.....	.....<small>First</small>.....	.....<small>Middle</small>	
..... <small>Last</small>.....	.....<small>First</small>.....	.....<small>Middle</small>.....		.....<small>Last</small>.....	.....<small>First</small>.....	.....<small>Middle</small>	
..... <small>Last</small>.....	.....<small>First</small>.....	.....<small>Middle</small>.....		.....<small>Last</small>.....	.....<small>First</small>.....	.....<small>Middle</small>	
..... <small>Last</small>.....	.....<small>First</small>.....	.....<small>Middle</small>.....		.....<small>Last</small>.....	.....<small>First</small>.....	.....<small>Middle</small>	
..... <small>Last</small>.....	.....<small>First</small>.....	.....<small>Middle</small>.....		.....<small>Last</small>.....	.....<small>First</small>.....	.....<small>Middle</small>	
..... <small>Last</small>.....	.....<small>First</small>.....	.....<small>Middle</small>.....		.....<small>Last</small>.....	.....<small>First</small>.....	.....<small>Middle</small>	

AFFILIATIONS

Affiliation Regular or Plural (Please Circle One)

Full Name.....Last.....First.....Middle..... Birth Date

Address..... Affil. Date Regular or Plural

City..... State..... Zip Code.....

Occupation Soc. Sec. No.....

Affiliating from..... Lodge No..... State.....

Degrees are in Lodge No. State.....

E.A. Date F.C. Date..... M.M. Date.....

Affiliation Regular or Plural (Please Circle One)

Full Name.....Last.....First.....Middle..... Birth Date

Address..... Affil. Date Regular or Plural

City..... State..... Zip Code.....

Occupation Soc. Sec. No.....

Affiliating from..... Lodge No..... State.....

Degrees are in Lodge No. State.....

E.A. Date F.C. Date..... M.M. Date.....

REINSTATED

FULL NAME..... DATE.....	FULL NAME..... DATE.....
ADDRESS.....	ADDRESS.....
CITY..... STATE..... ZIP.....	CITY..... STATE..... ZIP.....
FULL NAME..... DATE.....	FULL NAME..... DATE.....
ADDRESS.....	ADDRESS.....
CITY..... STATE..... ZIP.....	CITY..... STATE..... ZIP.....

MEMBERS LOST

Full Name	Date of Dimit	Date of Death	Date of Susp. NPD	Date of Susp. UMC	Date Expelled	Date Withdrawn

REJECTIONS

Full Name _____

Soc. Sec. No. _____ Date _____

(circle one) Degrees - Advancement - Reinstatement - Affiliation

Full Name _____

Soc. Sec. No. _____ Date _____

(circle one) Degrees - Advancement - Reinstatement - Affiliation

SUMMARY

Members Last Month	_____	Dimitted	_____
Raised	_____	Died	_____
Affiliated	_____	Susp. NPD	_____
Reinstated	_____	Susp. UMC	_____
Total Gain	_____	Expelled	_____
		Withdrawn	_____
		Total Lost	_____
		Members this Month	_____