



Monthly Report Form for the Month Ending: _____ Page _____ of _____
 Commandery: _____ No. _____
 Stationed at: _____
 Recorder: _____
 Commander: _____
 Total Members at Month's Start: _____ Total Members at Month's End: _____

Next Conclave Information

1) Date of next Conclave: _____ Type: Stated Special Annual
**If Special, have you requested Dispensation to do anything other than Confer an Order?* Yes No
 2) Opening Time: _____ 3) Closing Time: _____ 4) Dinner Time: _____
 5) Orders to be Conferred: Red Cross Malta Order of the Temple
 6) Other Items to occur at next Conclave:
 Annual Business Meeting Official Inspection and Review Dress Rehearsal
 Holiday/Social Event; if so, what event: _____
 Other: _____

York Rite Number: _____ Grand Lodge Number: _____
 Full Name: _____
 Address: _____ New Address?
 City/State/ZIP: _____ Past Cmdr.?
 Date of Birth: _____ Place of Birth: _____
 Phone: _____ Email: _____
 Action Taken: _____ Date of Action: _____
 Candidate? RED CROSS: _____ MALTA: _____ TEMPLE: _____

York Rite Number: _____ Grand Lodge Number: _____
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