



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: _____

<u>Next Conclave Information</u>			
1) Date of next Conclave: _____	Type: _____	Stated _____	Special _____ Annual _____
<i>*If Special, have you requested Dispensation to do anything other than Confer an Order? Yes No</i>			
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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