

QUARTERLY ACTIVITY REPORT

Report covers quarters ending in March, June, September and December 20 _____

_____ Lodge No. _____

_____ Secretary

This report must be forwarded to the Grand Secretary on or **before the 10th day following the end of the quarter.**

This report must be filled out for any month there is membership activity.

Please print or type all information.

REMITTANCE

E.A. Degrees Conferred

_____ E.A. Degree Contribution @ \$15.00 \$ _____

_____ E.A. Degree Fee @ \$2.00 \$ _____

TOTAL ENCLOSED \$ _____

MAKE CHECK PAYABLE TO: GRAND LODGE OF OKLAHOMA, P.O. BOX 1019, GUTHRIE, OK 73044

ENTERED APPRENTICE DEGREES

Full Name _____ EA Degree Date _____

Birthdate _____ Telephone _____ E-Mail _____

Mailing Address _____

City _____ State _____ Zip Code _____

Full Name _____ EA Degree Date _____

Birthdate _____ Telephone _____ E-Mail _____

Mailing Address _____

City _____ State _____ Zip Code _____

Full Name _____ EA Degree Date _____

Birthdate _____ Telephone _____ E-Mail _____

Mailing Address _____

City _____ State _____ Zip Code _____

FELLOWCRAFT DEGREES

Full Name _____ Date _____

Full Name _____ Date _____

Full Name _____ Date _____

MASTER MASON DEGREES

Full Name _____ Date _____

Full Name _____ Date _____

Full Name _____ Date _____

MASTER MASON PROFICIENCY

Full Name _____ Date _____

Full Name _____ Date _____

Full Name _____ Date _____

AFFILIATIONS

Check one **Transfer of Membership** **Plural Membership**

Full Name _____ Date of Birth _____
 Mailing Address _____ Affiliation Date _____
 City _____ State _____ Zip Code _____
 E-Mail _____ Phone No. _____
 Affiliation from _____ Lodge No. _____ State _____

Complete next two lines only if degrees were conferred out of state.

Degrees in _____ Lodge No. _____ State _____
 E.A. Date _____ F.C. Date _____ M.M. Date _____

Check one **Transfer of Membership** **Plural Membership**

Full Name _____ Date of Birth _____
 Mailing Address _____ Affiliation Date _____
 City _____ State _____ Zip Code _____
 E-Mail _____ Phone No. _____
 Affiliation from _____ Lodge No. _____ State _____

Complete next two lines only if degrees were conferred out of state.

Degrees in _____ Lodge No. _____ State _____
 E.A. Date _____ F.C. Date _____ M.M. Date _____

REINSTATED

Full Name _____ Reinstated Date _____
 Mailing Address _____ City _____ State _____ Zip _____
 Full Name _____ Reinstated Date _____
 Mailing Address _____ City _____ State _____ Zip _____

MEMBERS LOST

I.D. Number	Full Name	Date of Transfer	Date of Death	Date of Susp. NPD	Date of Susp. UMC	Date Expelled	Date of Withdrawal

REJECTIONS

Full Name _____
 Date of Birth _____
 Rejected Date _____
 (Circle Type) Degrees Advancement Reinstatement Affiliation

SUMMARY

Members Last Month _____ Total Lost from Above _____
 Raised _____
 Affiliated _____
 Reinstated _____
 Total Gains _____ Members This Month _____