

MONTHLY REPORT

FROM _____ LODGE NO. _____ MONTH OF _____ Year _____

This report **must** be mailed BEFORE the 10th of the following month **even though** there is nothing to report.

FULL NAME — Print or Type			RECORD OF DATES DEGREES CONFERRED				
First	Middle	Last	DATE BORN	PLACE OF BIRTH	*INITIATED	PASSED	RAISED
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____

*Please furnish address (below) when E.A. Degree date is reported. (For F.C. & M.M. please also give computer number.)

NAME	ADDRESS	CITY	ZIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

AFFILIATIONS					ONLY CHECK ONE	
Report here: Affiliates (out-of-state) Affiliates (dual-in-state) Transfers-in (in-state)					DUAL	TRANSFER
FULL NAME — Print or Type	Date Admitted	Date Born	Place of Birth			
1. _____	_____	_____	_____			
From _____	Lodge No. _____	State _____	EA _____ FC _____ MM _____			
2. _____	_____	_____	_____			
From _____	Lodge No. _____	State _____	EA _____ FC _____ MM _____			
3. _____	_____	_____	_____			
From _____	Lodge No. _____	State _____	EA _____ FC _____ MM _____			

Please furnish the following information on each Affiliate reported:

ADDRESS	CITY	STATE	ZIP	PAST MASTER	50 YR. MEMBER
1. _____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. _____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. _____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

REINSTATEMENTS (INCLUDE CURRENT ADDRESS)		REJECTED for Degrees	
Full Name — Print or Type	Date	Full Name — Print or Type	Date
_____	_____	_____	_____
_____	_____	_____	_____

TRANSFERRED FROM THIS LODGE TO OTHER OREGON LODGE

Report this only after Grand Secretary confirms transfer by letter to you.

Full Name — Print or Type	To: Lodge	No.	Date
_____	_____	_____	_____
_____	_____	_____	_____

Full Name — Print or Type	Date Demitted	Date Struck N.P.D.	Date Died	Withdrawn	*Severance	Suspended U.M.C. or Date Expelled
_____	_____	_____	_____	_____	_____	S E
_____	_____	_____	_____	_____	_____	S E
_____	_____	_____	_____	_____	_____	S E
_____	_____	_____	_____	_____	_____	S E
_____	_____	_____	_____	_____	_____	S E

*Severance Applies to Dual Members