



Local/State Officer Roster

(Please print clearly)

Lodge Name: _____ Lodge #: _____ State: _____

Lodge Address: _____
Address City State Zip

UPS Shipping Address: _____
Address City State Zip

Lodge Phone: _____ Lodge Fax #: _____ Lodge email: _____

Send Lodge Mail to: (Please check) Lodge () Secretary's Home () Meeting Date: _____

Term Begin Date: _____ Term Expire Date: _____

President: _____ Address: _____ City/State/Zip: _____ Phones: Home: _____ Work: _____ Cell: _____ <u>Circle preferred contact number</u> Email Address: _____	Secretary: _____ Address: _____ City/State/Zip: _____ Phones: Home: _____ Work: _____ Cell: _____ <u>Circle preferred contact number</u> Email Address: _____
Vice President: _____ Address: _____ City/State/Zip: _____ Phones: Home: _____ Work: _____ Cell: _____ <u>Circle preferred contact number</u> Email Address: _____	Treasurer: _____ Address: _____ City/State/Zip: _____ Phones: Home: _____ Work: _____ Cell: _____ <u>Circle preferred contact number</u> Email Address: _____
State Trustee: _____ Address: _____ City/State/Zip: _____ Phones: Home: _____ Work: _____ Cell: _____ <u>Circle preferred contact number</u> Email Address: _____	Chaplain: _____ Address: _____ City/State/Zip: _____ Phones: Home: _____ Work: _____ Cell: _____ <u>Circle preferred contact number</u> Email Address: _____

Lodge Seal

ATTEST: _____

Lodge Secretary

Date Report Completed

To be completed by the Grand Lodge only

Date Report Received

Entered by: _____ Date: _____