

Grand Royal Arch Chapter of Massachusetts

Quarterly Report

Chapter _____ **First Quarter Report**
(Sept, Oct, Nov)
Due December 17

Section One	Candidates
Section Two	Affiliates
	Reinstatements
Section Three	Deaths
	Suspensions
	Demits
Section Four	Change of Address

Total Membership as of last Quarter _____

Total Membership as of this Quarter _____

Chapter Secretary _____
Signature

Date _____

Grand Royal Arch Chapter of Massachusetts

Quarterly Report

Chapter _____ **Second Quarter Report**
(Dec, Jan, Feb)
Due March 15

Section One	Candidates
Section Two	Affiliates
	Reinstatements
Section Three	Deaths
	Suspensions
	Demits
Section Four	Change of Address

Total Membership as of last Quarter _____

Total Membership as of this Quarter _____

Chapter Secretary _____
Signature

Date _____

Grand Royal Arch Chapter of Massachusetts

Quarterly Report

Chapter _____ **Third Quarter Report**
(Mar, Apr, May)
Due June 15

Section One	Candidates
Section Two	Affiliates
	Reinstatements
Section Three	Deaths
	Suspensions
	Demits
Section Four	Change of Address

Total Membership as of last Quarter _____

Total Membership as of this Quarter _____

Chapter Secretary _____
Signature

Date _____

Grand Royal Arch Chapter of Massachusetts

Quarterly Report

Chapter _____ **Fourth Quarter Report**
(Jun, Jul, Aug)
Due September 15

Section One	Candidates
Section Two	Affiliates
	Reinstatements
Section Three	Deaths
	Suspensions
	Demits
Section Four	Change of Address

Total Membership as of last Quarter _____

Total Membership as of this Quarter _____

Chapter Secretary _____
Signature

Date _____

Section One

Members Added

Candidate

Name in Full

Street

City

State ZIP: _____

Date of Birth: _____

Place of Birth _____

Telephone _____

Member # _____
(office use)

Elected: _____
Date

Marked: _____
Date

Past: _____
Date

Most Ex: _____
Date

Royal Arch _____
Date

Candidate

Name in Full

Street

City

State ZIP: _____

Date of Birth: _____

Place of Birth _____

Telephone _____

Member # _____
(office use)

Elected: _____
Date

Marked: _____
Date

Past: _____
Date

Most Ex: _____
Date

Royal Arch _____
Date

Candidate

Name in Full

Street

City

State ZIP: _____

Date of Birth: _____

Place of Birth _____

Telephone _____

Member # _____
(office use)

Elected: _____
Date

Marked: _____
Date

Past: _____
Date

Most Ex: _____
Date

Royal Arch _____
Date

Candidate

Name in Full

Street

City

State ZIP: _____

Date of Birth: _____

Place of Birth _____

Telephone _____

Candidate

Name in Full

Street

City

State ZIP: _____

Date of Birth: _____

Place of Birth _____

Telephone _____

Candidate

Name in Full

Street

City

State ZIP: _____

Date of Birth: _____

Place of Birth _____

Telephone _____

**Member # _____
(office use)**

Elected: _____
Date

Marked: _____
Date

Past: _____
Date

Most Ex: _____
Date

Royal Arch _____
Date

**Member # _____
(office use)**

Elected: _____
Date

Marked: _____
Date

Past: _____
Date

Most Ex: _____
Date

Royal Arch _____
Date

**Member # _____
(office use)**

Elected: _____
Date

Marked: _____
Date

Past: _____
Date

Most Ex: _____
Date

Royal Arch _____
Date

Added by Affiliation:

Name in Full: _____ Member # _____

Date of Affiliation _____ Parent Chapter: _____

Is membership being retained in Parent Chapter Yes _____ No _____

Name in Full: _____ Member # _____

Date of Affiliation _____ Parent Chapter: _____

Is membership being retained in Parent Chapter Yes _____ No _____

Name in Full: _____ Member # _____

Date of Affiliation _____ Parent Chapter: _____

Is membership being retained in Parent Chapter Yes _____ No _____

Name in Full: _____ Member # _____

Date of Affiliation _____ Parent Chapter: _____

Is membership being retained in Parent Chapter Yes _____ No _____

Name in Full: _____ Member # _____

Date of Affiliation _____ Parent Chapter: _____

Is membership being retained in Parent Chapter Yes _____ No _____

Name in Full: _____ Member # _____

Date of Affiliation _____ Parent Chapter: _____

Is membership being retained in Parent Chapter Yes _____ No _____

Reinstatements:

Name in Full _____ Member # _____ Date: _____

Reinstatements:

Name in Full _____ Member # _____ Date: _____

Reinstatements:

Name in Full _____ Member # _____ Date: _____

Section Three
Members Removed

Deceased:

Indicate if PHP

_____ Member #: _____ Date of Death: _____
Name in Full

_____ Member #: _____ Date of Death: _____
Name in Full

_____ Member #: _____ Date of Death: _____
Name in Full

_____ Member #: _____ Date of Death: _____
Name in Full

_____ Member #: _____ Date of Death: _____
Name in Full

_____ Member #: _____ Date of Death: _____
Name in Full

_____ Member #: _____ Date of Death: _____
Name in Full

_____ Member #: _____ Date of Death: _____
Name in Full

_____ Member #: _____ Date of Death: _____
Name in Full

_____ Member #: _____ Date of Death: _____
Name in Full

Suspended:

_____ Member #: _____ Date Suspended: _____
Name in Full

_____ Member #: _____ Date Suspended: _____
Name in Full

_____ Member #: _____ Date Suspended: _____
Name in Full

_____ Member #: _____ Date Suspended: _____
Name in Full

_____ Member #: _____ Date Suspended: _____
Name in Full

_____ Member #: _____ Date Suspended: _____
Name in Full

Demitted:

_____ Member #: _____ Date Demitted: _____
Name in Full

_____ Member #: _____ Date Demitted: _____
Name in Full

_____ Member #: _____ Date Demitted: _____
Name in Full

_____ Member #: _____ Date Demitted: _____
Name in Full

_____ Member #: _____ Date Demitted: _____
Name in Full

Section Four

Address Changes

Old Address

New Address

Full Name: _____ Member # _____

Street: _____ Street: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Telephone _____ Telephone _____

Old Address

New Address

Full Name: _____ Member # _____

Street: _____ Street: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Telephone _____ Telephone _____

Old Address

New Address

Full Name: _____ Member # _____

Street: _____ Street: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Telephone _____ Telephone _____

Old Address

New Address

Full Name: _____ Member # _____

Street: _____ Street: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Telephone _____ Telephone _____

Old Address

New Address

Full Name: _____ Member # _____

Street: _____ Street: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Telephone _____ Telephone _____

Old Address

New Address

Full Name: _____ Member # _____

Street: _____ Street: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Telephone _____ Telephone _____