

York Rite Quarterly Report

Provide name and number for each body reporting on this form

Chapter _____ **Council** _____ **Commandery** _____

For the quarter ending: _____ Secretary: _____ Date: _____

ACTIONS

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Check all that apply

Body effected: Chapter Council Commandery

Exalted date: _____ Greeted date: _____ Knighted date: _____

DOB: _____ Died: _____ New Address Certif. Good Standing date: _____

Demitted date: _____ SNPD date: _____ Expelled date: _____

Other actions: _____



Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Check all that apply

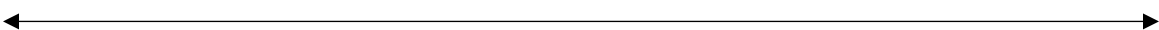
Body effected: Chapter Council Commandery

Exalted date: _____ Greeted date: _____ Knighted date: _____

DOB: _____ Died: _____ New Address Certif. Good Standing date: _____

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Other actions: _____



Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Check all that apply

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