

INFORMATION FOR REDBOOK DIRECTORY

CHAPTER NAME:	NO.
Street Address:	
Telephone Number:	

OFFICERS FOR NEXT YEAR

List the officers elected, even though they may not be installed.

HIGH PRIEST	Name:	
Street:		
City/ST:	Zip:	Phone:
Email Address:		

KING	Name:	
Street:		
City/ST:	Zip:	Phone:
Email Address:		

SCRIBE	Name:	
Street:		
City/ST:	Zip:	Phone:
Email Address:		

SECRETARY	Name:	
Street:		
City/ST:	Zip:	Phone:
E-MAIL ADDRESS		

DATE CONVOCATIONS ARE HELD	HOUR

Return to Grand Secretary immediately after election!!!!

ANNUAL RETURN FORM

Make duplicate copies, Keep one, send one to the Grand Secretary between **January 1, and January 15.**

GRAND CHAPTER ROYAL ARCH MASONS OF INDIANA

This report must be made on or before January 15th and the Per Capita dues must be paid before February 1st.

ANNUAL RETURN FOR:

_____ Chapter No. _____

For the year commencing January 1, and ending December 31,

Stated Convocations are held on: _____ Time: _____

Annual dues fixed by Chapter By-Laws \$ _____ plus \$10.00 Per capita = Total \$ _____
If your by-laws do not state plus per capita dues, then the first block and the Total block will be the same.

Fee for the degrees by Chapter By-Laws: \$ _____

Does your Chapter hold Joint Meetings with the Council? _____ With the Commandery? _____
If so, be sure that your by-laws have been updated to reflect Joint Meetings.

When were Secretary and Treasurer's books last audited? _____ This is an Annual Requirement
The annual election of officers was held at the first Stated Convocation in December and the officers were installed:

Officers for Next Year (Elected and Installed)

High Priest: _____ Phone: (_____) _____

Address: _____ City: _____ St. _____ Zip: _____

Email Address: _____

King: _____ Phone: (_____) _____

Address: _____ City: _____ St. _____ Zip: _____

Email Address: _____

Scribe: _____ Phone: (_____) _____

Address: _____ City: _____ St. _____ Zip: _____

Email Address: _____

Secretary _____ Phone: (_____) _____

Address: _____ City: _____ St. _____ Zip: _____

Email Address: _____

I promise I have completed this form accurately to the best of my knowledge and belief.

Witness my hand this _____ day of January, 20____. Signed _____

TABLE 1. Degrees Conferred

Enter full names, no initials, in Alphabetical Order. Do not skip numbered lines. All dates are to be entered Month, Day, Year. Do not list candidates who did not receive the Royal Arch degree during the year. If the candidate was dropped for any reason during the year, indicate by asterisk after Royal Arch date. Please enter the Birth date.

	LAST NAME, FIRST, & MIDDLE	MARK	PAST	MEM	R. ARCH	BIRTHDATE
1						
Street:		City:		State:		Zip
2						
Street:		City:		State:		Zip
3						
Street:		City:		State:		Zip
4						
Street:		City:		State:		Zip
5						
Street:		City:		State:		Zip
6						
Street:		City:		State:		Zip
7						
Street:		City:		State:		Zip
8						
Street:		City:		State:		Zip
9						
Street:		City:		State:		Zip
10						
Street:		City:		State:		Zip

TABLE 1. Continued

11	LAST NAME, FIRST, & MIDDLE	MARK	PAST	MEM	R. ARCH	BIRTHDATE
Street:		City:	State:	Zip		
12						
Street:		City:	State:	Zip		
13						
Street:		City:	State:	Zip		
14						
Street:		City:	State:	Zip		
15						
Street:		City:	State:	Zip		
16						
Street:		City:	State:	Zip		
17						
Street:		City:	State:	Zip		
18						
Street:		City:	State:	Zip		
19						
Street:		City:	State:	Zip		
20						
Street:		City:	State:	Zip		

TABLE 2. AFFILIATION

Enter full names, not initials, in Alphabetical Order. Do not skip numbered lines. **All dates are to be entered.**

Month, Day, Year. AFFILIATIONS ARE FROM OTHER CHAPTERS ONLY, by demit or transfer.

	Last Name, First & Middle	Date Elected	From What Chapter	No.	City, State	Date of Demit
1						
2						
3						
4						
5						
6						

TOTAL AFFILIATED: _____ If you need more lines, use an attachment and identify it as TABLE 2. AFFILIATION.

TABLE 3. RESTORED

Enter full names, no initials, in Alphabetical Order. Do not skip numbered lines. **All dates must be entered.**

Month, Day, Year. RESTORATIONS IS IN YOUR OWN CHAPTER AFTER SUSPENSION, DEMIT OR EXPULSION.

	Last Name, First & Middle	Date Restored	Date of Demit	Date Suspended	Date Expelled
1					
2					
3					
4					
5					
6					

TABLE 4. DEMITTED, EXPELLED, or SUSPENDED

Enter full names, no initials, in Alphabetical Order. Do not skip numbered lines. **All dates must be entered.**

	Last Name, First & Middle	Date Demitted	Date Expelled	Date Suspended
1				
2				
3				
4				
5				
6				

TABLE 4. CONTINUED

Enter full names, no initials, in Alphabetical Order. Do not skip numbered lines. All dates must be entered.

	Last Name, First & Middle	Date Demitted	Date Expelled	Date Suspended
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

TABLE 5

		DECEASED		
Enter	Full names, no initials. In alphabetical	order. Do not skip lines		
Enter	All dates: Month, Day, Year	Please indicate if Past High Priest or Life Member.		
	Last Name, First, Middle	Date Died	PHP	LM
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
	Total Deceased	Use additional	sheet	If needed

Please Note: FIFTY YEAR Members who are also LIFE MEMBERS can not have dues remitted.

Dues will be paid by Life Membership Committee

TABLE 6

			FIFTY YEAR MEMBERS
			DUES REMITTED
	Last Name, First, Middle		Last Name, First, Middle
1		21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	
	Total Number of 50 Year Members		If more space is needed, use a continuation sheet

Table 7

				Current Life Members	
	Last Name, First, Middle	L. M. Date		Last Name, First, Middle	L. M. Date
1.			21.		
2.			22.		
3.			23.		
4.			24.		
5.			25.		
6.			26.		
7.			27.		
8.			28.		
9.			29.		
10.			30.		
11.			31.		
12.			32.		
13.			33.		
14.			34.		
15.			35.		
16.			36.		
17.			37.		
18.			38.		
19.			39.		
20.			40.		
	Total Number				