



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: