

Section I

NEW MEMBERS THIS QUARTER ((Applications must be attached. Please print)

LAST	FIRST	ADDRESS	CITY	STATE	PHONE	EMAIL
1.						
2.						
3.						
4.						
5.						
6.						
7.						
TOTAL NEW MEMBERS (enter this number on line 2 of front page)						

Section II

TRANSFERS IN THIS QUARTER(Apps must be attached. Please print)

Full Name	From Lodge Name & Number
1.	
2.	
3.	
TOTAL TRANSFERS IN	
(Enter on line 3 of front page)	

Section IV

Deletions by death this quarter (Please Print)

Last Name	First Name
1.	
2.	
3.	
TOTAL DELETIONS BY DEATH	
(Enter on line 7 of front page)	

Section VI

RESIGNATIONS, EXPULSIONS, CANCELLATIONS, ETC. THIS QUARTER

Last Name	First Name
1.	
2.	
3.	
4.	
5.	
TOTAL CANCELLATIONS	
(Enter on line 9 of front page)	

RETURN TO:

Grand Lodge of Florida
Bill Zuppa, State Financial Secretary
 3 Calle Rio, Mary Esther, FL 32569
 Tel: 850-585-3166 Email: bill@billzuppa.com

Section III

RE-ADMITS THIS QUARTER (Apps must be attached. Please print)

Last Name	First Name
1.	
2.	
3.	
TOTAL RE-ADMITS	
(Enter on line 4 of front page)	

Section V

TRANSFERS OUT THIS QUARTER

Last Name	First Name
1.	
2.	
3.	
TOTAL TRANSFERS OUT	
(Enter on line 8 of front page)	

Completed applications, including signatures of members and proponents/sponsors, must be attached to this report for all names in Sections I, II, and III on this page.

CERTIFICATION:

This form was prepared by the following Local Lodge Financial Secretary:

PRINTED NAME _____

ADDRESS: _____

CITY _____

ZIP _____

PHONE: _____

EMAIL: _____

IF MORE SPACE NEEDED CONTINUE ENTERING ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS PAGE: **NOTE*ATTACHING A COPY OF YOUR LODGE MEMBERSHIP ROSTER(MBR NAMES & ADDRESSES) WILL INSURE THAT ALL OF YOUR MEMBERS RECEIVE GRAND LODGE & NATIONAL PUBLICATIONS. DO NOT INCL SOCIAL MBR.**