Lodge Quarterly Per-Capita Report
GRAND LODGE OF FLORIDA
Order Sons of Italy in America, Inc.

Year 20_____Quarter_____report of_____Lodge#_____
located in City/town of_____,Fl.

NOTE* ***This report is due not later than the 15th day of the month following the quarter.***
Data/Information* may be typed directly in the highlighted fields *prior to downloading and mailing.

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1. Total Regular Members last Quarterly report _____
(do not include Social Members)

ADDITIONS

2. New Regular Members admitted this quarter
(List names on back of page, Section l) _____

3. Transferred in this quarter
(List names & former Lodge on back, Section ll) _____

4. Re-admits this quarter (List names on back, Section lll) _____

5. Total new admissions this quarter (add lines 2, 3, and 4) +_____

6. SUB-TOTAL (Add line 5 + line 1) _____

DELETIONS

7. By Death (List on back, Section lV) _____

8. By Transfer (List Name & Lodge on back, Section V) _____

9. By Resignation, Cancellation, Expulsion
(List on Back, Section Vl) _____

10. Total Deletions this Qtr (Add lines 7 + 8 + 9) +_____

11. TOTAL REGULAR MEMBERSHIP THIS REPORT
(Subtract Line 10 from Line 6) _____

COMPUTING PER-CAPITA

A. Multiply the number on line 11 X $6.50 and enter here **$**_____
(Above increase effective with Qtr4, 2010 Report)
B. Multiply the number on line 2 X $10.00 and enter here **$**_____

C. Add lines A + B PAY THIS AMOUNT **$**_____
D. If paid later than 30 days after end of quarter, add 10% here: ***$***_____
E. PAY THIS AMOUNT IF PAID LATE: (Add lines C + D) **$**_____

RETURN TO: Grand Lodge of Florida
ALICE RUSSELL, State Financial Secretary
2492 Lake Helen Osteen Rd, Deltona, Fl 32738
Tel: 386-532-9653 Email: arussell13@cfl.rr.com

IF MORE SPACE IS NEEDED ENTER ON SEPARATE SHEET. ATTACHING A LODGE ROSTER WILL HELP TO INSURE LODGE MEMBERS RECEIVE ALL OSIA PUBLICATIONS. INCLUDE A SEPARATE LISTING OF ADDRESS CHANGES. Do not Include Social Members in this Quarterly Report.

Section l

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 ll

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 lll

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 lV

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 V

TRANSFERS OUT THIS QUARTER

Last Name First Name

1._____

2._____

3._____

TOTAL TRANSFERS OUT_____

(Enter on line 8 of front page)

Section Vl

RESIGNATIONS, EXPULSIONS, CANCELLATIONS, ETC. THIS QUARTER

Last Name First Name

1._____

2._____

3._____

4._____

5._____

TOTAL CANCELLATIONS_____

(Enter on line 9 of front page)

Completed applications, including signatures of members and proponents/sponsors, must be attached to this report for all names in Sections l, ll, and lll 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 ENTER ON A SEPARATE SHEET 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. ATTACH ADDRESS CHANGES TO THIS REPORT. DO NOT INCLUDE SOCIAL MEMBERS

bzformPC01

ADDRESS CHANGES ONLY

(Attach to Per Capita Report)

LAST	FIRST	STREET ADDRESS	APT	CITY	STATE	ZIP