

General Grand Council
Of
Cryptic Masons, International

Annual Return
Cover Sheet

General Grand Council
OF
CRYPTIC MASONS
INTERNATIONAL

RETURN OF

_____ Council No. _____

Held at _____

State or Country of _____

For the Year Ending December 31, 20____

OFFICE OF THE GENERAL GRAND RECORDER

COMPANION RECORDER:

It is the duty of each Council, on the *first day of January* in *each year*, to make out and transmit to the General Grand Recorder an Annual Report. Duplicate blanks are sent you, fill up both, keep one, and mail or email the other to the General Grand Recorder not later than January 10th.

On Page 2, please show the officers for the ensuing year, being particularly careful to the *exact* address of the Illustrious Master and Recorder.

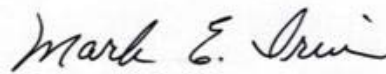
On the all pages, enter the names as one full name opposite each number.

Be careful to enter the names plainly and in alphabetical order, *giving first or Christian names in full*.

General Grand Council dues are payable on *the first day of January*.

Please give this important business of your Council immediate attention.

Zealously,



General Grand Recorder

Make payable to:
General Grand Council of Cryptic Masons, Int'l
E-Mail Return: mirwin@generalgrandcouncil.org
Mail to: PO Box 317
Spring Grove, PA. 17362

General Grand Council
OF
CRYPTIC MASONS
INTERNATIONAL

OFFICERS FOR THE YEAR 20__

Illustrious Master: _____

Postal Address: _____

E-Mail: _____

Dep. Master: _____

P. C. of W.: _____

Treasurer: _____

Recorder: _____

Postal Address: _____

E-Mail: _____

Capt. of the Grd.: _____

Con. Of the Coun: _____

Steward: _____

Sentinel: _____

Chaplain: _____

TIME OF STATED ASSEMBLIES

The following have RECEIVED THE COUNCIL DEGREES in the year ending DECEMBER 31st.
The Names in this list MUST be included in the List of Members.

Give first names in Full

NO.	NAME	DATE MO/DAY
1		
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The following have RECEIVED THE COUNCIL DEGREES in the year ending DECEMBER 31st.
The Names in this list MUST be included in the List of Members.

Give first names in Full

NO.	NAME	DATE MO/DAY
23		
24		
25		
26		
27		
28		
29		
30		
31		
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The following have RECEIVED THE COUNCIL DEGREES in the year ending DECEMBER 31st.
The Names in this list MUST be included in the List of Members.

Give first names in Full

NO.	NAME	DATE MO/DAY
45		
46		
47		
48		
49		
50		
51		
52		
53		
54		
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66		

List of members ADMITTED from other Councils in the year ending DECEMBER 31st.
The Names in this list MUST be included in the List of Members.

Give first names in Full

NO.	NAME	DATE MO/DAY
1		
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List of members REINSTATED from other Councils in the year ending DECEMBER 31st.
The Names in this list MUST be included in the List of Members.

Give first names in Full

NO.	NAME	DATE MO/DAY
1		
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A FULL LIST OF MEMBERS

On the 31st of December, including those whose dues have been remitted on account of Indigence.

Please Enter Them Alphabetically, By Last Name

Do Not Use Initials For First Names

NO.	NAME	NO.	NAME
1		20	
2		21	
3		22	
4		23	
5		24	
6		25	
7		26	
8		27	
9		28	
10		29	
11		30	
12		31	
13		32	
14		33	
15		34	
16		35	
17		36	
18		37	
19		38	

LIST OF MEMBERS—Continued

NO.	NAME	NO.	NAME
39		66	
40		67	
41		68	
42		69	
43		70	
44		71	
45		72	
46		73	
47		74	
48		75	
49		76	
50		77	
51		78	
52		79	
53		80	
54		81	
55		82	
56		83	
57		84	
58		85	
59		86	
60		87	
61		88	
62		89	
63		90	
64		91	
65		92	

LIST OF MEMBERS—Continued

NO.	NAME	NO.	NAME
93		120	
94		121	
95		122	
96		123	
97		124	
98		125	
99		126	
100		127	
101		128	
102		129	
103		130	
104		131	
105		132	
106		133	
107		134	
108		135	
109		136	
110		137	
111		138	
112		139	
113		140	
114		141	
115		142	
116		143	
117		144	
118		145	
119		146	

List of those **EXPELLED FOR UNMASONIC CONDUCT**
 in the year ending DECEMBER 31st.
 The Names in this list **MUST NOT** be included in the List of Members.
 Give first names in Full

NO.	NAMES	DATE MO/DAY
1		
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List of those **SUSPENDED FOR UNMASONIC CONDUCT**
 in the year ending DECEMBER 31st.
 The Names in this list **MUST NOT** be included in the List of Members.
 Give first names in Full

NO.	NAMES	DATE MO/DAY
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List of those **SUSPENDED FOR NON-PAYMENT OF DUES**
in the year ending DECEMBER 31st.
The Names in this list **MUST NOT** be included in the List of Members.
Give first names in Full

NO.	NAME	DATE MO/DAY
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List of those **DEMITTED** in the year ending DECEMBER 31st.
The Names in this list **MUST NOT** be included in the List of Members.
Give first names in Full

NO.	NAME	DATE MO/DAY
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DECEASED

Names of Members who have **DIED** in the year ending DECEMBER 31st.
 The Names in this list **MUST NOT** be included in the List of Members.
 Give first names in Full

NO.	NAMES	DATE MO/DAY
1		
2		
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List of Members whose Dues for the Current Year have been remitted.
 The Names in this list **MUST** be included in the List of Members.

*(None but those whose dues have been remitted on account of the Companion being unable to pay, are to be entered under this heading. Give date of such remissions which **MUST HAVE BEEN MADE** by the Council during the year.)*

Give first names in Full

NAMES	DATE MO/DAY

RECAPITULATION

For Office Use Only
Report Received _____, 20__
Amount Received _____ \$_____

- 1. Members last report ... _____
2. Greeted _____
3. Admitted _____
4. Reinstated _____
5. Total Gain _____

(Items 6 through 11 will be negative numbers)

- 6. Demitted _____
7. Susp. Unmasonic Conduct _____
8. Susp. Non-payment of Dues _____
9. Expelled _____
10. Died _____
11. Total Loss/Credit _____
12. Members this report _____
13. No. of GGC Life Members _____
Total member subject to GGC dues _____

GENERAL GRAND COUNCIL DUES

- 14. On _____ Members at \$2.50 each _____
15. On _____ Greetings at \$5.00 each _____
16. TOTAL DUE GENERAL GRAND COUNCIL _____

We hereby certify that the returns herewith submitted are correct to the best of our knowledge and belief.

Retiring Master

ATTEST:

Recorder