

General Grand Council of Cryptic Mlasons, International ANNUAL RETURNS FOR THE GRAND COUNCIL OF Held At: ON: MEMBERSHIP STATISTICS RECAPITULATION Number of Chartered Councils on last return 2 Number of Councils chartered or dispensations issued since last return 3 Number of Councils surrendering charter since last return (enter as a negative number) Total number of Chartered Councils now working 5 Total number of Companions - last return Total number GREETED 6 Total number AFFILIATED Total number REINSTATED 8 Error last return 10 Total Gain (+) 11 Total number DEMITTED (enter as a negative number) 12 Total number SUSPENDED (enter as a negative number) Total number DECEASED (enter as a negative number) 13 Total number EXPELLED (enter as a negative number) 15 Error last return (enter as a negative number) 16 Total Loss (-) Net Gain or (Loss) 18 Total number of members (including dual and plural) this return as of December 31st (Line 5 plus line 17) Companions reported as members of Councils @ \$ 2.50 (As per line 18) ADJUSTMENTS TO PER CAPITA 20 Less: ONLY ONE OF THE FOLLOWING PER MEMBER Number of Living/Active GGC Life Members (enter as a negative number) a. b. \$2.50 (dollars)/Life Member 21 Total Adjustment (Line 20b.) 22 Total Remittance (Line 19 minus Line 21) (Payable to General Grand Council of Cryptic Masons, Int'l) I hereby certify that the foregoing is correct. Witness my hand at _____ City and State (DO NOT SEAL) Grand Recorder

Make check payable to & Mail to:

General Grand Council of Cryptic Masons, International

PO Box 317

Spring Grove, PA. 17362

General Grand Council of Cryptic Masons, International

This report is due within 30 days of your Annual Assembly to update General Grand Council records.

FROM THE	GRAND COUNCIL OF		<u></u>	
Our nex	xt Annual Assembly will be	Place Date	Banquet Date	
	Rank Name (First, Middle, Last)	Full Address (Street, City, State, Zip)	Telephone/Facsimile	СС
12	Grand Master		Tel / Fax:	
		Name		
Street:		City, State, Zip		
			Email:	
Name of Lady:				_
13	Deputy Grand Master	Name	Tel / Fax:	
		Name		
Street:				
		City, State, Zip		
Name of Lady:	:		Email: 	
14	Grand Principal Conductor of the Work		Tel / Fax:	
		Name	-	
Street:		City, State, Zip		
Name of Lady:	:		Email:	
15	Grand Treasurer (If different from the Grand Recorder)		Tel / Fax:	
13	Grand Treasurer (ii different from the Grand Recorder)	Name		
		ivanie		
Street:				
		City, State, Zip	Farail.	
Name of Lady:			Email: 	
16	Grand Recorder		Tel / Fax:	
		Name	 -	
			FAX:	
Street:		City, State, Zip		
Name of Lady:			Email:	
	Grand Recorder for International Affairs			
116	(Foreign Grand Councils Only)		Tel / Fax:	
		Name		
Street:				
		City, State, Zip		
Name of Lady:	:		Email: ————————————————————————————————————	
	CMMRF Chairman			
		Name	Tel / Fax:	
		ivallie		
Street:				
		City, State, Zip	Emails	
Name of Lady	r		Email:	

LISTING OF ANY DECEASED FROM THE RANKS OF GENERAL GRAND COUNCIL MEMBERS-DAIS OFFICERS, PAST GRAND ILLUSTRIOUS MASTERS

Please give full names of all Members of the General Grand Council Deceased since the last Annual returns, with the Date and Place of Birth, Death and with office of highest rank attained and term thereof. Full Name (First, Middle, Last) Place and Date of Death Highest Office Held Years Names and Numbers of all Councils whose charters have been surrendered or revoked since the last return: Number Council Name Location No of Members Names and Numbers of Councils consolidated since last return with names and numbers of the Consolidated Council Number Council Name Location New Number New Council Name Names and Numbers of Councils Chartered or Dispensation issued since last return: Number Council Name Location No. of Members GENERAL GRAND COUNCIL OFFICE USE ONLY Date Return Received: _ Remittance Received: ____