

SET NO. 1 OF 1

KNIGHTS TEMPLAR MEMBERSHIP REPORT

MONTH OF _____

TOTAL MEMBERS ON LAST MONTH'S REPORT

FROM _____

COMMANDERY NO. ____

TOTAL MEMBERS END OF THIS MONTH

CITY _____

STATE Kentucky

Name of present Commander

Name of present recorder

Name of former Commander (If change from last report)

Name of former Recorder (If change from last report)

PLEASE TYPE OR PRINT NAMES, ADDRESSES, AND ZIP CODES

Last Name		First Name		Middle	
Address					
City		State		Zip Code	
<input type="checkbox"/>	New address Place "X" in box. If not new address CIRCLE activity Knighthed, Affiliated, Reinstated, Died, Suspended, Demitted with date			Birth Date	
	<input type="text" value="Occupation"/>			Life Sponsor No.	
				Past Commander?	
				Dual member? (where)	

Last Name		First Name		Middle	
Address					
City		State		Zip Code	
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