



THE GRAND COUNCIL OF ROYAL AND SELECT MASTER MASONS OF MASSACHUSETTS MONTHLY REPORT FORM

Monthly Report for the Month Ending: _____ Page _____ of _____

Council: _____

Location: _____

Recorder: _____

Illustrious Master: _____

Total Members at Month's Start: _____ Total Members at Month's End: _____

Next Assembly Information

- 1) Date of next Assembly: _____ Type: Regular Special Annual
**If Special, have you requested Dispensation to do anything other than Confer a Degree? Yes No*
- 2) Opening Time: _____ 3) Closing Time: _____ 4) Dinner Time: _____
- 5) Degree Work to be conferred: Royal Master Select Master Super Excellent Master
- 6) Other Items to occur at next Assembly:
Annual Business Meeting Official Visitation (Visiting Officer) Fraternal Visit (Visiting Officer)
Fraternal Visit (M.I.G.M.) Fraternal Visit (Other: _____)
Holiday/Social Event; if so, what event: _____
Other: _____

York Rite Number: _____ Grand Lodge Number: _____

Full Name: _____

Address: _____ New Address? _____

City/State/ZIP: _____ Past I.M.? _____

Date of Birth: _____ Place of Birth: _____

Phone: _____ Email: _____

Action Taken: _____ Date of Action: _____

Candidate? RM: _____ SM: _____ SEM: _____

York Rite Number: _____ Grand Lodge Number: _____

Full Name: _____

Address: _____ New Address? _____

City/State/ZIP: _____ Past I.M.? _____

Date of Birth: _____ Place of Birth: _____

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