



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

For 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: _____

Full Name: _____ Mem. No. _____

Address: _____ New Address?

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

Candidate? Royal Master: _____ Select Master: _____ Super-Excellent Master: _____

If Candidate, date elected: _____ Affiliated: _____ Demitted: _____
Grand Chapter Number: _____ Suspended: _____ Died: _____

Full Name: _____ Mem. No. _____

Address: _____ New Address?

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

Candidate? Royal Master: _____ Select Master: _____ Super-Excellent Master: _____

If Candidate, date elected: _____ Affiliated: _____ Demitted: _____
Grand Chapter Number: _____ Suspended: _____ Died: _____

Full Name: _____ Mem. No. _____

Address: _____ New Address?

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

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If Candidate, date elected: _____ Affiliated: _____ Demitted: _____
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