

## Local/State Officer Roster

(Please print clearly)				
Lodge Name:			Lodge #:	State:
Lodge Address:				
· ·	Address	City	State	Zip
UPS Shipping Address				
	Address	City	State	Zip
Lodge Phone :	Lodge Fax #	Lodge	email	
Send Lodge Mail to: (ple	ase check) Lodge 🗌 Secretary	's Home 🗌 Meetin	ng Date:	
Term Begin Date		_ Term Expire Date:		
President:		Secretary:		
Address:		Address:		
City/State/Zip		City/State/Zip		
Phones: Home:	Work:	Phones: Home:		Work:
Cell:	Circle preferred contact number	Cell:	<u>Circl</u>	e preferred contact number
Email Address:	_	Email Address:		
Vice President:		Treasurer:		
Address:		Address:		
City/State/Zip		City/State/Zip		
Phones: Home:	Work:	Phones: Home:		Work:
Cell:	Circle preferred contact number	Cell:	<u>Circl</u>	e preferred contact number
Email Address:		Email Address:		
State Trustee:		Chaplain:		
Address:		Address:		
City/State/Zip		City/State/Zip		
Phones: Home:	Work:	Phones: Home:		Work:
Cell:	Circle preferred contact number	Cell:	<u>Circl</u>	e preferred contact number
Email Address:	_	Email Address:		
	Lodge Seal	ATTEST:		
			Lodge S	Secretary
			Date Repo	rt Completed
	To be completed b	y the Grand Lodge o	nly	
Date Report Received		_ Entered by:		Date: