

2017

Make Duplicate Copies: Keep One; Send One to Grand Recorder between Jan 1st and Jan 20th

GRAND COUNCIL CRYPTIC MASONS OF INDIANA  
ANNUAL RETURN FOR 2017

Council Name:		Council No.
City:	County:	
Federal I.D. Number for Taxes:		
Date 990-N Filed:		

For the Year Commencing January 1, 2017 and Ending December 31, 2017

Stated Assemblies are Held on:
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OFFICIAL CERTIFICATE

Must be signed by the Recorder in his own handwriting or submitted electronically from his own email address or have special permission from the Grand Recorder

I certify this to be a true and accurate report of all matters required to be reported annually with all names alphabetically arranged in each table as required by the regulations of the Grand Council, and spelling of the names identical with the Annual Roster, or changes explained.

Total Dues Collected During the Year of 2017	\$
Number of 50 Year Members from Table 7 whose dues were remitted for 2017:	
Annual Dues as Fixed by Council By-Laws	\$
Fee for the Degrees as Fixed by Council By-Laws	\$

Witness my Hand this  day of

Your Email:

Your Name:

FOR GRAND COUNCIL USE ONLY: DO NOT WRITE IN THE SPACE BELOW

Received:	Checked & Filed:
Returned for Correction:	Statement Mailed:

## OFFICERS FOR 2018

List the officers which were elected or appointed even if they have not been installed.

<b>ILL. MASTER</b>	Name:		
Street:			
City/State:		Zip	Phone:
Email:			Cell:

<b>DEP. MASTER</b>	Name:		
Street:			
City/State:		Zip	Phone:
Email:			Cell:

<b>P.C.W.</b>	Name:		
Street:			
City/State:		Zip	Phone:
Email:			Cell:

<b>TREASURER</b>	Name:		
Street:			
City/State:		Zip	Phone:
Email:			Cell:

<b>RECORDER</b>	Name:		
Street:			
City/State:		Zip	Phone:
Email:			Cell:

<b>CAPT. Of GUARD</b>	Name:		
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<b>COND. OF COUNCIL</b>	Name:		
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<b>STEWARD</b>	Name:		
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<b>CHAPLAIN</b>	Name:		
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<b>SENTINEL</b>	Name:		
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**TABLE 1, DEGREES CONFERRED**  
**ENTER NAMES IN FULL, NO INITIALS, ALPHABRETICALLY ARRANGED**

Name:		
Street:		
City/State:	Zip	Phone:
Email:		Cell:
Date Greeted:	Spouse:	Date of Birth:

Name:		
Street:		
City/State:	Zip	Phone:
Email:		Cell:
Date Greeted:	Spouse:	Date of Birth:

Name:		
Street:		
City/State:	Zip	Phone:
Email:		Cell:
Date Greeted:	Spouse:	Date of Birth:

Name:		
Street:		
City/State:	Zip	Phone:
Email:		Cell:
Date Greeted:	Spouse:	Date of Birth:

Name:		
Street:		
City/State:	Zip	Phone:
Email:		Cell:
Date Greeted:	Spouse:	Date of Birth:

Name:		
Street:		
City/State:	Zip	Phone:
Email:		Cell:
Date Greeted:	Spouse:	Date of Birth:

ATTACH ADDITIONAL SHEETS IF NECESSARY

*2017 Annual Report - Table 1 Additional Sheets*

**TABLE 2, AFFILIATED MEMBERS**

Use this area to indicate members who have transferred to your council or who have taken Plural membership in your council. If the companion is taking a Plural membership then please print "PLURAL" in the area for date of demit. Also note that there is a \$10.00 fee for Plural Membership.

1	Last Name	First and Middle Names	Date Affiliated	Date of Demit	Plural
	Name of Council Affiliated From		No.	Location of Council Affiliated From	
2	Last Name	First and Middle Names	Date Affiliated	Date of Demit	Plural
	Name of Council Affiliated From		No.	Location of Council Affiliated From	
3	Last Name	First and Middle Names	Date Affiliated	Date of Demit	Plural
	Name of Council Affiliated From		No.	Location of Council Affiliated From	
4	Last Name	First and Middle Names	Date Affiliated	Date of Demit	Plural
	Name of Council Affiliated From		No.	Location of Council Affiliated From	
5	Last Name	First and Middle Names	Date Affiliated	Date of Demit	Plural
	Name of Council Affiliated From		No.	Location of Council Affiliated From	
6	Last Name	First and Middle Names	Date Affiliated	Date of Demit	Plural
	Name of Council Affiliated From		No.	Location of Council Affiliated From	

*2017 Annual Report - Table 2 Additional Sheet*

**TABLE 3, RESTORED MEMBERS**

Use this table to record members of your own council who have been restored to membership after a demit, suspension, or expulsion. Also note that anyone who was suspended or expelled prior to 2008 is required to pay a \$26.00 Fee.

	First Name	Last Name	Greeting Date	Date Restored	Date of Demit/Susp.
1					
2					
3					
4					
5					
6					

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**TABLE 4, SUSPENDED OR EXPELLED**

Use this table to record all members who were suspended or expelled during the year

	<b>First Name</b>	<b>Last Name</b>	<b>Greeting Date</b>	<b>Susp/Exp Date</b>
1				
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**TABLE 5, DEMITTED**

Use this table to record all members who demitted during the year

	<b>First Name</b>	<b>Last Name</b>	<b>Greeting Date</b>	<b>Demit Date</b>
1				
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**TABLE 6, DECEASED**

Use this table to record all members who died during the year

	<b>First Name</b>	<b>Last Name</b>	<b>Greeting Date</b>	<b>Date of Death</b>
1				
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**TABLE 7, LIST OF 50 YEAR MEMBERS WHOSE DUES WERE REMITTED**

Please list below all companions (on January 1, 2017) whose dues have been remitted because they are 50 year members. This total must equal those shown on page 1 as remitted.

	<b>First &amp; Middle Name</b>	<b>Last Name</b>
1		
2		
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**TABLE 8, LIFE MEMBERS**

Use this table to record all living members who hold life memberships.

	<b>First Name</b>	<b>Last Name</b>	<b>Certificate No.</b>	<b>Date</b>
1				
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