



Grand Council of Cryptic Masons State of Indiana

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NOMINATION FORM FOR ILLUSTRIOUS MASTER OF THE YEAR

NAME:

COUNCIL:

LOCATION:

Date Greeted:

Has he served as Illustrious Master previously?

YES NO

Dates:

Does he attend all Meetings- Stated and Called?

YES NO

How well does he know the opening and closing?

GOOD FAIR OK

Does he use the Ritual to open and close?

YES NO

Has he appointed the following committees?

Auditing

Calling

Dues

Education

Membership

Publication

Welfare

Other

If Others what are they

Do these committees function?

YES NO

Does he attempt to get members to the meetings through

Personally

Publication

Other

Does he attend Council Instructionals?

YES NO

Does he cooperate with other York Rite bodies?

YES NO

Does he attend Symbolic Lodge?

YES NO

How often does he attend?

Regularly

Occasionally

Does he attend the Cryptic Shrine Pilgrimage to New Albany?

YES NO

Does he attend the Group educational meetings?

YES NO

Can he confer the Royal and Select Master Degrees?

YES NO

Has he had any special meetings?

YES NO

Ladies Night

YES NO

Other

If Others what are they

Has he appointed a Director of Work? YES NO

Does the Director of Work function as such? Yes No

Please list any additional information you feel would help the Most Illustrious Master in making his selection

Signature of person submitting nomination

Email of person submitting nomination