



Grand Council of Cryptic Masons State of Indiana

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ANNUAL VISITATION REPORT

The following should be filled out by recorder of council being inspected

Council _____ No. _____ Date: _____

Number of Stated Assemblies (<i>in the past 12 months</i>)	
Number of Called Assemblies (<i>in the past 12 months</i>)	
Average Attendance (<i>at stated assemblies</i>)	
Average attendance (<i>at called assemblies</i>)	
Present Membership of your Council	
Petitions (<i>in the past 12 months</i>)	
Greetings (<i>in the past 12 months</i>)	
Do Treasurer and Recorder make <i>Monthly Financial Reports</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are <i>Monthly Financial Reports</i> spread on the minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do treasurer and recorder make <i>Annual Reports</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are <i>Annual Financial Reports</i> spread on the minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Dues	
Total Number of <i>Delinquents</i>	
How long are <i>Delinquents Carried</i>	
Fees for the <i>Degrees</i>	
<i>Cash on Hand</i> at present date	
Value of <i>Paraphernalia and Equipment</i>	
Is <i>Paraphernalia and Equipment</i> covered by insurance	Yes No
Stocks, Bonds, or other Property <i>Held by Council</i>	
Are Communications from the <i>Grand Master</i> put in minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

Officer	Name	P.I.M
Illustrious Master		<input type="checkbox"/> Yes <input type="checkbox"/> No
Deputy Master		<input type="checkbox"/> Yes <input type="checkbox"/> No
Principle Cond. of Work		<input type="checkbox"/> Yes <input type="checkbox"/> No
Treasurer		<input type="checkbox"/> Yes <input type="checkbox"/> No
Recorder		<input type="checkbox"/> Yes <input type="checkbox"/> No
Captain of the Guard		<input type="checkbox"/> Yes <input type="checkbox"/> No
Conductor of Council		<input type="checkbox"/> Yes <input type="checkbox"/> No
Steward		<input type="checkbox"/> Yes <input type="checkbox"/> No
Chaplain		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sentinel		<input type="checkbox"/> Yes <input type="checkbox"/> No
Organist		<input type="checkbox"/> Yes <input type="checkbox"/> No

Recorder Signature

Recorder Email