



**The Supreme Grand Council
Eastern Jurisdiction of Canada
Royal and Select Masters**



MEMBERSHIP REPORT FORM

Council: No:

Name: Birthday: d: m: y:

Address: Street:

City: Prov: Postal Code:

Phone No: (.....) - e-mail:

Royal Master Degree: Date: d: m: y:

Select Master Degree: Date: d: m: y:

Super Excellent Master Degree: . Date: d: m: y:

Royal Ark Mariner Degree: Date: d: m: y:

Demitted: Date: d: m: y:

Suspended: Date: d: m: y:

Deceased: Date: d: m: y:

Reinstated: Date: d: m: y:

Affiliated: Date: d: m: y:

Date: d: m: y:

Recorder:

**Please complete and forward to Grand Recorder
after meeting in which the event was dealt with
[except in case of degrees, then on completion of Select Master]**