

COMPLETE A.S.A.P.! Type or print clearly – Check all spelling, Daytime phones

9-Digit Zip’s if known: whenever P.O. Box is given. List Chairman of Trustees.

All information for New Lodge Year:

Name & No. of Lodge: _____ . Initiation Fee: _____. Annual Dues: _____

Address _____ City _____ State _____ Zip _____

Ph. Lodge _____ Club _____ Fax _____ E-mail _____

March 31, Membership _____ Meeting Nights & Time _____

Exalted Ruler _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Leading Knight _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Loyal Knight _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Lecturing Knight _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Secretary _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Treasurer _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

STATE ASSOCIATION QUESTIONNAIRE

Tiler: _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Esquire _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Chaplain _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Inner Guard _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Organist _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

1 YEAR _____ Spouse _____ **TRUSTEES: PLEASE - LIST - CHAIRMAN.**

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

2 YEAR _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

3 YEAR _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

4 YEAR _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

5 YEAR _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Americanism _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Charitable & Benevolent Trust _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Cerebral Palsy _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Drug Awareness _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Hoop Shoot _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Membership _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

National Foundation _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

PER Association _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Ritual _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Soccer Shoot _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Veterans Service _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Youth Activities _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

End of State Directory Postings

Public Relations _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Scholarships _____ Spouse _____

Address _____ City _____ St. _____ Zip _____

Hm. _____ Bus. _____ Fax _____ E-mail _____

Please send to: Keith Morris PO Box 514, Las Vegas, NM 87701

e-mail - perkm408@live.com