



Allied Masonic Degrees of the United States of America, Inc.

ANNUAL RETURN

FOR YEAR ENDING, DECEMBER 31, _____

_____ AMD COUNCIL NO. _____, at _____

RECAPITULATION OF MEMBERSHIP

1. a. Number of active members LAST RETURN	_____	
b. Number of emeritus members LAST RETURN .. (7 Maximum)	_____	
c. Number of plural members LAST RETURN .. (No Limit)	_____	
d. Total members LAST RETURN .. (Including Plural and Emeritus)	_____	_____
GAINS		
2. Number Initiated	_____	
3. New emeritus (2 per year)	_____	
4. New plural	_____	
5. Restored to Membership	_____	
6. Total Gains	_____	
7. Total Gross Membership (line "1.d" plus Line "6")	_____	_____
LOSSES		
8. Resigned	_____	
9. Suspended N.P.D.	_____	
10. Suspended Non-Participation	_____	
11. Transferred Out .. (Including new emeritus)	_____	
12. Deaths	_____	
13. Total Deductions	_____	_____
14. Present Membership (on which Grand Council Per Capita Tax is to be paid which includes INITIATED, PLURAL, RESTORED AND EMERITUS) (line "7" minus line "13")	_____	_____

RECAPITULATION OF MEMBERSHIP

15. Dues on _____ members at \$7.00 (must be same as line "14")	\$ _____	
16. Fees on _____ members initiated at \$7.00 (use line "2" figure only)	\$ _____	
17. Arrearages to Grand Council	\$ _____	
18. Late Annual Return Filing Fine (\$100.00 if filed after March 15)	\$ _____	
19. Fee for ISM at \$2.00	\$ 2.00	
20. fee for _____ Man at Arms, RORBE \$25.00 (no limit)	\$ _____	
21. Fee for _____ Esquire, RORBE (2 per year) \$50.00	\$ _____	
22. Fee for <u>Kn</u> ight, RORBE (1 per year) \$75.00	\$ _____	
23. Fee for Kight Commander, RORBE (1 per year) \$100.00	\$ _____	
24. Total Dues and Fees due the Grand Council		\$ _____
25. Check enclosed for	\$ _____	

SEND TO GRAND SECRETARY: FRANKLIN C. BONER, 46 NORTH 4TH STREET, NEWARK, OH 43055

FINAL ON TIME FILING DATE:
JANUARY 15

ATTEST: _____, SECRETARY

Officers

NOTE: Give complete mailing addresses (please type or print legibly)

FIRST NAME

MIDDLE NAME

LAST NAME

Sovereign Master

Address _____ Telephone _____

Email Senior Warden

Address _____ Telephone _____

Email Junior Warden

Address _____ Telephone _____

Email _____ Secretary

Address _____ Telephone _____

New Secretary yes no Council EIN No: _____ 990 N Filed yes no

Installed Sovereign Master Degree conferred By: Date _____

Please Issue ISM card SM will receive ISM at Grand Council

Royal Order of the Red Branch of Eri award nominees:

(See appendix "A" of Constitution)

List names as they are to appear on card & certificate

Man at Arms: (no limit) _____

Esquire: (2 per year) _____

Knight: (1 per year) _____

Knight Commander: (1 per year) _____

THIS FORM IS USED TO SHOW ONLY THE CHANGES IN MEMBERSHIP.

Definition	Code	Definition	Code
New Member	N	Plural	P
Transferred In	I	Resigned	Q
Transferred Out	O	Suspended - Non Part.	S
Restored	R	Deceased	D
Transferred to Emeritus	E	SNPD	NPD

PLACE NAMES IN ALPHABETICAL ORDER

NAME (One to each space - Attached additional pages)

Trans Code	Last Name	First Name	Middle Name	Address	City	State	Zip
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							