GRAND COUNCIL CRYPTIC MASONS OF NH VISITATION REPORT

Name of Council: _____ Date: _____
Visiting Officer: _____ Title: _____
Visiting Lecturer: _____ Title: _____
Grand Marshal: _____ Title: _____
Council Location: _____

Council Records	Yes/No	Condition
Secretary Records:	_____	_____
Charter:	_____	_____
By-Laws:	_____	_____
	_____	_____
	_____	_____
GC Constitution:	_____	_____
Treasurer's Records:	_____	_____
Financial Statement:	_____	_____
Audited?	_____	_____

Dues in areas # $

one year _____ $_____
2 or more _____ $_____

Membership fee $_____
Stated Assemblies by By-Laws _____
# of Stated Assemblies held _____
Average attendance _____

OFFICERS PRESENT	Actual	Pro-tem Officer
Illustrious Master	_____	_____
Deputy Master	_____	_____
Prin. Conductor of Work	_____	_____
Treasurer	_____	_____
Secretary	_____	_____
Capt. of the Guard	_____	_____
Conductor Council	_____	_____
Steward	_____	_____
Sentinel	_____	_____
Chaplain	_____	_____
Marshal	_____	_____

Other companions participating in the suite not previously listed:

Grand Officers	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____