

# RETURN

Of

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LOCATED AT

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UNDER THE JURISDICTION OF THE  
**GRAND COUNCIL CRYPTIC MASONS**

OF

**NEW HAMPSHIRE**

**FOR THE YEAR ENDING APRIL 01, 20\_\_\_\_\_**

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**Date of Charter** \_\_\_\_\_

**State Assemblies are held** \_\_\_\_\_

**Annual Assembly is held** \_\_\_\_\_

**This return, together with the money due the Grand Council, must be in the possession of the Grand Recorder on or before April 15th. Failure means a fine of one dollar for each day of delay.**

**ENDING APRIL 01, 20\_\_\_\_**

<b>Accepted Date</b>	<b>Name of Candidate</b>	<b>Royal Master Date</b>	<b>Street Address Town, State, Zip</b>	<b>Select Master Date</b>	<b>Super Excellent</b>
<b>1</b>	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<b>2</b>	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<b>3</b>	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**ENDING APRIL 01, 20\_\_\_\_**

<b>Accepted Date</b>	<b>Name of Candidate</b>	<b>Royal Master Date</b>	<b>Street Address Town, State, Zip</b>	<b>Select Master Date</b>	<b>Super Excellent</b>
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					

**OFFICERS for 20\_\_\_\_\_**

<b>NAME</b>	<b>ADDRESS</b>	<b>OFFICE</b>
_____	_____	<b>Ill. Master</b>
_____	_____	<b>Deputy Master</b>
_____	_____	<b>P.C.W.</b>
_____	_____	<b>Treasurer</b>
_____	_____	<b>Secretary</b>
_____	_____	<b>Capt. Of the Guard</b>
_____	_____	<b>Conductor of the C.</b>
_____	_____	<b>Steward</b>
_____	_____	<b>Chaplain</b>
_____	_____	<b>Marshal</b>
_____	_____	<b>Sentinel</b>
_____	_____	
_____	_____	
_____	_____	
_____	_____	



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**ADMITTED TO MEMBERSHIP**

Accepted Date	Royal Master Date	Street Address Town, State, Zip Select Master Date	Super Excellent
<b>1</b> _____ _____	_____ _____	_____ _____	_____ _____
<b>2</b> _____ _____	_____ _____	_____ _____	_____ _____
<b>3</b> _____ _____	_____ _____	_____ _____	_____ _____
<b>4</b> _____ _____	_____ _____	_____ _____	_____ _____
<b>5</b> _____ _____	_____ _____	_____ _____	_____ _____

**RESTORED TO MEMBERSHIP**

<b>Accepted Date</b>	<b>Name of Companion Royal Master Date</b>	<b>Street Address Town, State, Zip Select Master Date</b>	<b>Super Excellent</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			

**DEMITTED**

<b>DATE</b>	<b>NAME</b>	<b>REMARKS</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10 _____	_____	_____

**SUSPENDED**

<b>DATE</b>	<b>NAME</b>	<b>REMARKS</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10 _____	_____	_____

**DECEASED**

<b>DATE</b>	<b>NAME</b>	<b>STATE IF PAST ILL. MASTER</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____
13 _____	_____	_____
14 _____	_____	_____
15 _____	_____	_____
16 _____	_____	_____
17 _____	_____	_____
18 _____	_____	_____
19 _____	_____	_____
20 _____	_____	_____

# RETURN

Of

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For the year ending April 01, 20\_\_\_\_

## RECAPITULATION

Number of members returned last year \_\_\_\_\_  
Number Admitted to Membership this year \_\_\_\_\_  
Number Restored to Membership this year \_\_\_\_\_  
Number Errors last Report \_\_\_\_\_  
Total \_\_\_\_\_

Number Demitted this year \_\_\_\_\_  
Number Suspended NPD this year \_\_\_\_\_  
Number Errors last Report \_\_\_\_\_  
Total Deductions \_\_\_\_\_

Present number of Members \_\_\_\_\_

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## Grand Council Dues

\_\_\_\_\_ Members at \$ \_\_\_\_\_ each \$ \_\_\_\_\_

\_\_\_\_\_ Candidates (SM) at \$ \_\_\_\_\_ each \$ \_\_\_\_\_

Total Due the Grand Council NH \$ \_\_\_\_\_

**A TRUE ABSTRACT OF THE RECORD. Attest:**

[SEAL]

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Recorder