



ANNUAL RETURNS
OF

COUNCIL NO. _____ R&SM, PHA

LOCATED AT _____ STATE _____

CRYPTIC MASONIC YEAR: APRIL 1, 20 _____ THROUGH MARCH 31, 20 _____

TO THE MOST ILLUSTRIOUS PRINCE HALL GRAND COUNCIL OF ROYAL AND SELECT MASTERS FOR
THE STATE OF OHIO AND ITS JURISDICTIONS, GREETINGS:

STATED MEETINGS HELD ON _____ TIME _____ P.M. _____

LOCATION OF MEETING _____

CITY _____ STATE _____ ZIP _____

**NOTICE TO RECORDER: THIS RETURN IS TO BE TYPEWRITTEN AND COMPLETED IN DUPLICATE. KEEP COPY FOR YOUR COINCIL'S
RECORDS AND RETURN THE ORIGINAL TO THE OFFICE OF THE RIGHT ILUSTRIOUS GRAND RECORDER ON OR BEFORE APRIL 15TH.**

List of Officers Elected and Appointed at the Annual Meeting held in December:

Thrice Illustrious Master _____ Telephone: _____

E mail _____

Street Address _____

City, State, Zip Code _____

Illustrious Deputy Master _____

Prin. Conductor of Works _____

Captain of the Guard _____

Conductor of Council _____

Treasurer _____

Recorder _____ Telephone: _____

E mail _____

Street Address _____

City, State, Zip Code _____

Steward _____

Chaplain _____

Sentinel _____

COMPANION LISTINGS

	Name		Address		City		Zip
1.							
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**ANNUAL RETURNS
OF**

COUNCIL NO. _____ R&SM, PHA

LOCATED AT _____ STATE _____

CANDIDATES GREETED

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUPERANNUATED – DURING THE YEAR ENDING MARCH 31, 20 _____

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERS REINSTATED – DURING THE YEAR ENDING MARCH 31, 20 _____

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERS ADMITTED – DURING THE YEAR ENDING MARCH 31, 20 _____

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ COUNCIL NO. _____ R&SM, PHA
LOCATED AT _____ STATE _____

MEMBERS DEMITTED – DURING YEAR ENDING MARCH 31, 20 _____

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERS SUSPENDED - UNMASONIC CONDUCT – DURING YEAR ENDING MARCH 31, 20 _____

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERS EXPELLED - UNMASONIC CONDUCT – DURING YEAR ENDING MARCH 31, 20 _____

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERS' SUSPENDED–NON PAYMENT OF DUES – DURING YEAR ENDING MARCH 31, 20 _____

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEMBERS DIED – DURING YEAR ENDING MARCH 31, 20 _____

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**ANNUAL RETURNS
OF
RECAPITULATION**

NUMBER OF MEMBERS AT DATE OF LAST RETURN	_____
MEMBERS GREETED SINCE LAST ANNUAL RETURN	_____
DEMITTED IN FROM OTHER COUNCILS	_____
MEMBERS REINSTATED	_____
TOTAL MEMBERSHIP AS OF MARCH 31, 20 _____	_____

LESS THE FOLLOWING ADJUSTMENTS

MEMBERS DEMITTED OUT OF COUNCIL	_____
SUSPENDED OR EXPELLED - UNMASONIC CONDUCT	_____
SUSPENDED FOR NON PAYMENT OF DUES	_____
DEATHS	_____
TOTAL DEDUCTIONS FROM ADJUSTMENTS	_____
PRESENT MEMBERSHIP (USE THIS NUMBER FOR LINE ONE OF NEXT ANNUAL RETURN)	_____
FEES PAID TO THE GRAND COUNCIL IN QUARTERLY REPORTS SUBMITTED FOR 20	_____
GRAND TAX (\$2.50 PER MEMBER)	_____
CHARITABLE DONATIONS (\$.50 PER MEMBER)	_____
EDUCATION FUND CONTRIBUTIONS (\$.50 PER MEMBER)	_____
MEMBERS GREETED	_____
SUPPLIES	_____
TOTAL FEES PAID TO THE GRAND COUNCIL FOR FISCAL YEAR	_____

I, _____ Thrice Ill. Master of _____
Council, No. _____ do certify that Companion _____ whose name is
affixed to the foregoing Annual Return, is the Recorder of said Council and keeper of the Seal thereof. I further certify
that the signature affixed is genuine.

IN TESTIMONY WHEREOF, I hereunto set my hand on this _____ Day of _____ 20 _____
In the City of _____ State of _____ Zip _____

SEAL

THRICE III. MASTER

RECORDER