

LODGE ACTIVITY REPORT

CODE - TYPE OF ACTIVITY

LODGE SECRETARY
COMPLETE MONTHLY FOR ANY ACTIVITY
AND FORWARD TO _____

The Grand Lodge of Indiana, F. & A.M.

P.O. Box 44210

A Copy Of This Report Should Be
Retained For Your File.

INDIANAPOLIS, INDIANA 46244-0210

LODGE NAME _____ LODGE NUMBER _____ MONTH _____ YEAR _____

MEMBER NUMBER REQUIRED WHEN REPORTING ACTIVITY ON ANY MEMBER

- EA Initiated
- FC Passed
- MM Raised
- AFF Affiliated with YOUR Lodge
- RES RESTORED from NPD, UMC, SOC, SGM, EXP
- RGL RESTORED by Grand Lodge
- DMA DUAL Membership Affil.-YOUR Lodge
- DMO DUAL Membership Affil.-OTHER Lodge
- DME DUAL Membership Ended.-OTHER Lodge
- DEM DEMITTED from YOUR Lodge-Singular or Plural
- NPD Suspended Non-Payment of Dues
- UMC Suspended Un-Masonic Conduct
- SOC Suspended Other Causes
- SGM Suspended by Grand Master
- EXP Expelled
- DEC Deceased
- AWG Award of Gold
- DRU Dues Remitted-Unable to Pay
- DRS Dues Remitted-Military Service
- REJ Rejected Petition for Degrees

MEMBER NUMBER REQUIRED	MEMBER NAME				BIRTHDATE	NAME OF SPOUSE	ACTIVITY			
	LAST	FIRST	MIDDLE	SUFFIX			TYPE	DATE	LODGE	STATE
					MO / DA / YR		CODE	MO / DA / YR	LODGE	STATE
	ADDRESS	(STREET)		(CITY)	(STATE)	(ZIP)	CODE	MO / DA / YR	LODGE	STATE
					MO / DA / YR		CODE	MO / DA / YR	LODGE	STATE
	ADDRESS	(STREET)		(CITY)	(STATE)	(ZIP)	CODE	MO / DA / YR	LODGE	STATE
					MO / DA / YR		CODE	MO / DA / YR	LODGE	STATE
	ADDRESS	(STREET)		(CITY)	(STATE)	(ZIP)	CODE	MO / DA / YR	LODGE	STATE
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	ADDRESS	(STREET)		(CITY)	(STATE)	(ZIP)	CODE	MO / DA / YR	LODGE	STATE
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	ADDRESS	(STREET)		(CITY)	(STATE)	(ZIP)	CODE	MO / DA / YR	LODGE	STATE
					MO / DA / YR		CODE	MO / DA / YR	LODGE	STATE
	ADDRESS	(STREET)		(CITY)	(STATE)	(ZIP)	CODE	MO / DA / YR	LODGE	STATE

SPECIAL REMARKS: _____

Date _____

Signature of Secretary _____