Lodge Name _____ Lodge No. _____

Full Name _____ _____ _____
First Name Middle Name Last Name

Date of Birth _____ Birth Place _____

Occupation _____ Name of Wife _____

Address _____ _____
Street/Rual Route/Box # Apartment #

_____ _____ _____
City/Town State Zip

Phone No. _____ - _____ Check Box if this is a new phone no. ❑
Area Code Number

Action	Month	Day	Year	Action	Month	Day	Year
Elected for Degrees				Rejected			
Initiated				Dimmitted			
Passed				Withdrawal Plural			
Raised				Suspended NPD			
Affiliated By				Suspended NPD			
Affiliated By Dimit				Suspended UMC			
Affiliated Plural				Expelled			
Reinstated				Died			

IMPORTANT INFORMATION

Complete this card when any change occurs in your membership and forward to the Grand Secretary by mail or electronically. PLEASE submit your cards after each stated meeting with complete Masonic record. It is very important to have full name, initials are not sufficient. When reporting reinstatments, please give date of suspension also.

When a brother affiliates with your lodge by dimit or is admitted as a charter member, complete below.

Name of Lodge dimmitted from _____ Lodge No. _____

Location of this Lodge _____ Date of Dimit _____

When a brother affiliates as a plural member, please complete below information as to other lodges where he held membership at the time he affiliated as a plural member.

Name of Lodge	No.	Location

E-MAIL THIS FORM TO: GRSECY@AFAM-IL.ORG

OR YOU MAY PRINT AND MAIL THIS FORM TO:

OFFICE OF THE GRAND SECRETARY
P.O. BOX 4147, SPRINGFIELD, IL 62708

_____
Secretary Signature

FORM 3 CARD