



The Most Worshipful Prince Hall Grand Lodge F. & A. M.

Alaska and Its Jurisdiction, Inc.

Organized September 6, 1969 A.L. 5969

1200 E. 9th Ave Suite 101
Anchorage, Alaska 99501-3959

QUARTERLY REPORT

LODGE NAME: _____ DATE: _____ A.L. _____

ADDRESS: Street: _____ City: _____ State: _____ Zip Code: _____ Country: _____

CHECK THE QUARTER FOR THIS REPORT:

- FIRST QUARTER (April, May, June)
 SECOND QUARTER (July, Aug., Sept.)
 THIRD QUARTER (Oct., Nov., Dec.)
 FOURTH QUARTER (Jan, Feb, March)

NUMBER OF MEMBERS CARRIED ON ROLL THIS QUARTER: _____

GRAND LODGE TAXES

1. Master Mason	\$ 28.00	No. _____	Amount Paid: \$ _____
2. PGM/HPGM	\$ 10.00	No. _____	Amount Paid: \$ _____
3. INDIGENT	\$ 0.00	No. _____	Amount Paid: \$ _____
4. BUILDING FUND (Heal, Demitted or Reinstated)	\$100.00 per member	No. _____	Amount Paid: \$ _____
5. Initiated	\$ 15.00	No. _____	Amount Paid: \$ _____
6. Passed	\$ 15.00	No. _____	Amount Paid: \$ _____
7. DISPENSATION	\$ 25.00 each	No. _____	Amount Paid: \$ _____
8. ACP DONATION	\$ 20.00 per new member	No. _____	Amount Paid: \$ _____
9. Others (_____)	\$ _____	No. _____	Amount Paid: \$ _____
10. Late Fees	\$ 50.00 per quarter	No. _____	Amount Paid: \$ _____
TOTAL AMOUNT DUE:			\$ _____
TOTAL AMOUNT PAID:			\$ _____
BALANCE DUE:			\$ _____

Worshipful Master: _____ Home Phone: _____ Cell: _____

Signature: _____

Secretary: _____ Phone: Home: _____ Cell: _____

Signature: _____
(ATTEST- SEAL)

Date Received by Grand Lodge: _____ Grand Secretary: _____
(ATTEST - SEAL)

NOTE: SEAL YOUR ORIGINAL COPY AND SEND TO:

M.W.P.H. GRAND LODGE, F. & A.M., 1200 E. 9th Avenue, Suite 101, Anchorage AK 99501-3959
(Retain one (1) copy for your records; send one (1) hard copy to DDGM, and send electronically to the Grand Secretary)

REINSTATED

NAME	DATE	NAME	DATE
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

RECEIVE BY DEMIT

NAME	DATE	NAME	DATE
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

DEMITTED

NAME	DATE	NAME	DATE
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

HEALED

NAME	DATE	NAME	DATE
1. _____	_____	2. _____	_____

DROPPED FOR NON-PAYMENT OF DUES

NAME	DATE	NAME	DATE
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____
5. _____	_____	6. _____	_____

SUSPENDED

NAME	DATE	NAME	DATE
1. _____	_____	2. _____	_____

DECEASED

(Attach a Copy of the Death Certificate)

NAME	DATE	NAME	DATE
1. _____	_____	2. _____	_____
