



MONTHLY ACTIVITY - CONTINUATION SHEET
This sheet must be attached to a Monthly Activity Report

From _____ Lodge No. _____ Month ending _____, 20 _____

Petitions and Degree Work

*Enter all degree work performed during report month. All information is required for new petitioners and members who have petitioned for advancement - thereafter only name and new degree date (s) need be reported. **Exact dates are a must.***

1) Name _____ AKA _____ Occupation _____
 Spouse _____ Birthplace _____ Birthdate _____
City and State Mo/Day/Yr
 Mailing Address _____ Home Phone (_____) _____
 City and Zip+4 _____ Work Phone (_____) _____
 Email _____
 Petition Signers (1) _____ (2) _____

Date Read	Date Elected	Date Rejected	Date Obj Filed	Date Initiated	Date Passed	Date Raised	Date Proficient

2) Name _____ AKA _____ Occupation _____
 Spouse _____ Birthplace _____ Birthdate _____
City and State Mo/Day/Yr
 Mailing Address _____ Home Phone (_____) _____
 City and Zip+4 _____ Work Phone (_____) _____
 Email _____
 Petition Signers (1) _____ (2) _____

Date Read	Date Elected	Date Rejected	Date Obj Filed	Date Initiated	Date Passed	Date Raised	Date Proficient

3) Name _____ AKA _____ Occupation _____
 Spouse _____ Birthplace _____ Birthdate _____
City and State Mo/Day/Yr
 Mailing Address _____ Home Phone (_____) _____
 City and Zip+4 _____ Work Phone (_____) _____
 Email _____
 Petition Signers (1) _____ (2) _____

Date Read	Date Elected	Date Rejected	Date Obj Filed	Date Initiated	Date Passed	Date Raised	Date Proficient

4) Name _____ AKA _____ Occupation _____
 Spouse _____ Birthplace _____ Birthdate _____
City and State Mo/Day/Yr
 Mailing Address _____ Home Phone (_____) _____
 City and Zip+4 _____ Work Phone (_____) _____
 Email _____
 Petition Signers (1) _____ (2) _____

Date Read	Date Elected	Date Rejected	Date Obj Filed	Date Initiated	Date Passed	Date Raised	Date Proficient

Reinstatements (Per capita must be attached **except** when suspension and reinstatement occur in the same year)

1) Name _____ AKA _____ Occupation _____
Spouse _____ Birthplace _____ Birthdate _____
City and State _____ Mo/Day/Yr _____
Mailing Address _____ Home Phone (_____) _____
City and Zip+4 _____ Work Phone (_____) _____

Date Initiated	Date Passed	Date Raised	Date Proficient	Date Suspended	Date Reinstated

2) Name _____ AKA _____ Occupation _____
Spouse _____ Birthplace _____ Birthdate _____
City and State _____ Mo/Day/Yr _____
Mailing Address _____ Home Phone (_____) _____
City and Zip+4 _____ Work Phone (_____) _____

Date Initiated	Date Passed	Date Raised	Date Proficient	Date Suspended	Date Reinstated

3) Name _____ AKA _____ Occupation _____
Spouse _____ Birthplace _____ Birthdate _____
City and State _____ Mo/Day/Yr _____
Mailing Address _____ Home Phone (_____) _____
City and Zip+4 _____ Work Phone (_____) _____

Date Initiated	Date Passed	Date Raised	Date Proficient	Date Suspended	Date Reinstated

4) Name _____ AKA _____ Occupation _____
Spouse _____ Birthplace _____ Birthdate _____
City and State _____ Mo/Day/Yr _____
Mailing Address _____ Home Phone (_____) _____
City and Zip+4 _____ Work Phone (_____) _____

Date Initiated	Date Passed	Date Raised	Date Proficient	Date Suspended	Date Reinstated

Deceased Members

1) Name and Address with zip _____ Birthdate _____
Widow and Address if different _____ Date of Death _____
Mo/Day/Yr _____

2) Name and Address with zip _____ Birthdate _____
Widow and Address if different _____ Date of Death _____
Mo/Day/Yr _____

3) Name and Address with zip _____ Birthdate _____
Widow and Address if different _____ Date of Death _____
Mo/Day/Yr _____

4) Name and Address with zip _____ Birthdate _____
Widow and Address if different _____ Date of Death _____
Mo/Day/Yr _____

5) Name and Address with zip _____ Birthdate _____
Widow and Address if different _____ Date of Death _____
Mo/Day/Yr _____

6) Name and Address with zip _____ Birthdate _____
Widow and Address if different _____ Date of Death _____
Mo/Day/Yr _____

6) Name and Address with zip _____ Birthdate _____
Widow and Address if different _____ Date of Death _____
Mo/Day/Yr _____