



MAILING ROSTER OF ELECTED OFFICERS

NOTE: This form is to be completed immediately after your Commandery has completed its election for the year 20 - 20

(PLEASE TYPE OR PRINT CLEARLY)

**Commandery:** \_\_\_\_\_

**No.** \_\_\_\_\_

**Eminent Commander**

**Generalissimo**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Captain General**

**Eminent Prelate**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Eminent Recorder**

**Eminent Treasurer**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Total number of members on roll \_\_\_\_\_, as of \_\_\_\_\_, 20 \_\_\_\_\_

Having conducted the 20 - 20 Election of Officers of the above named Commandery, I, the undersigned, certify that the information contained herein is true and correct.

\_\_\_\_\_  
Divisional Commander



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(PLEASE TYPE OR PRINT CLEARLY)

Commandery: \_\_\_\_\_

No. \_\_\_\_\_

**Eminent Junior Warden**

**Eminent Senior Warden**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Eminent 1 Year Trustee**

**Eminent 2 Year Trustee**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Eminent 3 Year Trustee**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Total number of members on roll \_\_\_\_\_, as of \_\_\_\_\_, 20 \_\_\_\_\_

Having conducted the 20 - 20 Election of Officers of the above named Commandery, I, the undersigned, certify that the information contained herein is true and correct.

\_\_\_\_\_  
Divisional Commander