



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 your rolls _____, 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