



Allied Masonic Degrees of the United States of America, Inc.

2017 ANNUAL RETURN

FOR YEAR ENDING, DECEMBER 31, 2017

AMD COUNCIL NO. , at

RECAPITULATION OF MEMBERSHIP

Table with 3 columns: Description, Amount, and Total. Rows include: 1. a. Number of active members 2016 RETURN, b. Number of emeritus members 2016 RETURN, c. Number of plural members 2016 RETURN, d. Total members as of 12/31/16, GAINS (New Members Initiated, New Emeritus, New Plural, Restored, Total Gains), LOSSES (Resigned, Suspended N.P.D., Suspended Non-Participation, Transferred Out, Transferred to Emeritus, Deaths, Total Deductions), and 15. Membership as of 12/31/17 on which Grand Council Per Capita Tax is to be paid.

RECAPITULATION OF MEMBERSHIP

Table with 3 columns: Description, Amount, and Total. Rows include: 16. Dues on members at \$10.00, 17. Fees on members at \$7.00, 18. Late Annual Return Filing Fine, 19. Fee for ISM \$2.00, 20. Fee for Man at Arms, RORBE \$25.00, 21. Fee for Esquire, RORBE \$50.00, 22. Fee for Knight, RORBE \$75.00, 23. Fee for Knight Commander, RORBE \$100.00, 24. Total Dues and Fees due the Grand Council, 25. Check payable to Grand Council AMD of USA in the amount of \$2,000.00.

SEND TO GRAND SECRETARY: RVB Shane Harshbarger, 519 Park Street, Des Moines IA 50309

FINAL ON TIME FILING DATE:

JANUARY 31, 2018

ATTEST: \_\_\_\_\_, SECRETARY

Use of any other form is prohibited.

ver. 12/6/17

# Allied Masonic Degrees of the United States of America, Inc.

## ANNUAL RETURN FOR YEAR ENDING, DECEMBER 31, 2017

### Officers

*NOTE: Give complete mailing addresses (please type or print legibly) / Type on separate sheet if easier*

	FIRST NAME	MIDDLE NAME	LAST NAME
Sovereign Master			
Address		Telephone	Email
Senior Warden			
Address		Telephone	Email
Junior Warden			
Address		Telephone	Email
Secretary			
Address		Telephone	Email

New Secretary :            yes  / no       Council EIN No: \_\_\_\_\_      990 N Filed:    yes  / no   
 Installed Sovereign Master Degree conferred by: \_\_\_\_\_      Date \_\_\_\_\_  
 Please Issue ISM Card    yes  / no                       SM will receive ISM at Grand Council    yes  / no

### Royal Order of the Red Branch of Eri award nominees:

*(See Appendix "A" of Constitution)*

List names as they are to appear on certificate

Man at Arms: (no limit)		
Esquire: (2 per year)		
Knight: (1 per year)		
Knight Commander: (1 per year)		

### THIS PART OF REPORT IS USED TO SHOW ONLY THE CHANGES IN MEMBERSHIP

Definition	Code	Definition	Code
New Member .....	N	Plural .....	P
Transferred In .....	I	Resigned.....	Q
Transferred Out .....	O	Suspended - Non Part .....	S
Restored .....	R	Deceased .....	D
Transferred to Emeritus .....	E	SNPD .....	NPD

### PLACE NAMES IN ALPHABETICAL ORDER

*NAME (One to each space - Use separate typed sheet if easier)*

Trans Code	Last Name	First Name	Middle Name	Address	City	State	Z
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**AMD COUNCIL NO. \_\_\_\_\_, at**

**MEMBERSHIP ROSTER (as of 12/31/17)**

LIST NAMES OF ALL MEMBERS IN ALPHABETICAL ORDER

(Page \_\_\_\_ of \_\_\_\_)

**Last Name, First Name Middle Name Address City State Zip**

1.	<i>Date Initiated:</i>	<i>Council Initiated into (if not current Council):</i>
	<i>Date of Birth:</i>	<i>Active Member: <input type="checkbox"/> / Plural Member: <input type="checkbox"/> / Emeritus Member: <input type="checkbox"/> / Past Sovereign Master <input type="checkbox"/></i>
2.	<i>Date Initiated:</i>	<i>Council Initiated into (if not current Council):</i>
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7.	<i>Date Initiated:</i>	<i>Council Initiated into (if not current Council):</i>
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**AMD COUNCIL NO. \_\_\_\_\_, at  
MEMBERSHIP ROSTER (as of 12/31/17)**

*LIST NAMES OF ALL MEMBERS IN ALPHABETICAL ORDER (Page \_\_\_\_ of \_\_\_\_)*

<b>Last Name,</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
16.	<i>Council Initiated into (if not current Council):</i>					
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<i>Date of Birth:</i>	<i>Active Member: <input type="checkbox"/> / Plural Member: <input type="checkbox"/> / Emeritus Member: <input type="checkbox"/> / Past Sovereign Master <input type="checkbox"/></i>					
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23.	<i>Council Initiated into (if not current Council):</i>					
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24.	<i>Council Initiated into (if not current Council):</i>					
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<i>Date of Birth:</i>	<i>Active Member: <input type="checkbox"/> / Plural Member: <input type="checkbox"/> / Emeritus Member: <input type="checkbox"/> / Past Sovereign Master <input type="checkbox"/></i>					
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**AMD COUNCIL NO. \_\_\_\_\_, at  
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