



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

LATE ANNUAL RETURN

FOR THE YEAR ENDING DECEMBER 31, 2016

FROM _____ COUNCIL NO. _____, AT _____

RECAPITULATION OF MEMBERSHIP

MEMBERSHIP AS OF DECEMBER 31, 2015

- 1. a. Number of active members from 2015 Return (maximum of 27)
b. Number of emeritus members from 2015 Return (maximum of 7)
c. Number of plural members from 2015 Return (no limit)
d. Total members as of 12/31/15 (add lines 1.a. thru 1.c.)

GAINS DURING 2016

- 2. a. New active members initiated in 2016
b. New emeritus members (maximum of 2 per year)
c. New plural members (no limit)
d. Members restored to membership
e. Members transferred into this Council
f. Total gains during 2016 (add lines 2.a. thru 2.e.)

LOSSES DURING 2016

- 3. a. Deaths
b. Members transferred to emeritus (from line 2.b.)
c. Members transferred out to another Council
d. Members resigned
e. Members suspended N.P.D.
f. Members suspended Non-Participation
g. Total Losses during 2016 (add lines 3.a. thru 3.f.)

MEMBERSHIP AS OF DECEMBER 31, 2016

- 4. Total members as of 12/31/16 (line 1.d. plus line 2.f. minus line 3.g.)

Note: The Per Capita is due for all members (Active, Emeritus, & Plural) as shown in line 4.

CALCULATION OF PER-CAPITA AND FEES

- 5. a. Dues on _____ members at \$10.00 (from line 4)
b. Fees on _____ new members initiated at \$7.00 (from line 2.a.)
c. Fee for Installed Sovereign Master degree at \$2.00
d. Late Annual Return Filing Fine (\$100.00 if filed after March 15)
e. Total Per Capita and Fees payable to the Grand Council (add lines 5.a. thru 5.d.)

Make check payable to Grand Council A.M.D. of U.S.A. for the amount shown on line 5.e.

Please do not include other payments in check for per capita and fees.

Send to Rt. Ven. Grand Secretary: Clyde H. Schoolfield, Jr., P.O. Box 11423, Oklahoma City, OK 73136-0423

Original Due Date for Annual Return:

January 15, 2017

ATTEST:

Secretary

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

LATE ANNUAL RETURN

FOR THE YEAR ENDING DECEMBER 31, 2016

OFFICERS (as of January 1, 2017)

Sovereign Master: _____

Address: _____

Telephone: _____ E-mail: _____

Senior Warden: _____

Address: _____

Telephone: _____ E-mail: _____

Junior Warden: _____

Address: _____

Telephone: _____ E-mail: _____

Secretary: _____

Address: _____

Telephone: _____ E-mail: _____

New Secretary: _____ Council EIN No: _____ 990N filed: _____

Installed Sovereign Master degree conferred by: _____ Date: _____

REPORT MEMBERSHIP CHANGES IN THE TABLE BELOW

Transaction Codes to be used in Table

N = New Active Member

R = Restored

Q = Resigned

E = New Emeritus Member

I = Transferred In

NPD = Suspended N.P.D.

P = New Plural Member

D = Deceased

S = Suspended Non-Participation

O = Transferred Out

List Names in Alphabetical Order

Code Name

Address

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____