



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, Total Gross Membership), 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 initiated at \$7.00, 18. Late Annual Return Filing Fine, 19. Fee for ISM at \$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, and 25. Check payable to Grand Council AMD of USA.

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>				
	<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>				
3.	<i>Date Initiated:</i>	<i>Council Initiated into (if not current Council):</i>				
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4.	<i>Date Initiated:</i>	<i>Council Initiated into (if not current Council):</i>				
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5.	<i>Date Initiated:</i>	<i>Council Initiated into (if not current Council):</i>				
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6.	<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>				
7.	<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>				
8.	<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>				
9.	<i>Date Initiated:</i>	<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
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
16.	<i>Date Initiated: 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>					
17.	<i>Date Initiated: 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>					
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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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<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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<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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<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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<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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