



MAILING ROSTER OF ELECTED OFFICERS

NOTE: This form is to be completed immediately after your Chapter has completed its election for the year 20__ – 20__

(PLEASE TYPE OR PRINT CLEARLY)

_____ CHAPTER NO. _____ Area _____

EXCELLENT HIGH PRIEST

EXCELLENT KING

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

ZIP CODE: _____ PHONE: _____

ZIP CODE: _____ PHONE: _____

EMAIL: _____

EMAIL: _____

EXCELLENT SCRIBE

EXCELLENT TREASURER

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

ZIP CODE: _____ PHONE: _____

ZIP CODE: _____ PHONE: _____

EMAIL: _____

EMAIL: _____

EXCELLENT SECRETARY

NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____ PHONE: _____

EMAIL: _____

Total number of members on roll _____, as of _____, 20__

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

Excellent Area Deputy Grand High Priest