

ROLL BOOK

(Prescribed Form)

Name _____
(Last) (First) (Middle)
Home Address _____
Postal Address _____
Tel. No. _____ Fax No. _____ CP Nos. _____
E-mail1 _____ E-mail2 _____
Occupation _____ Educational Attainment _____
Where Employed _____
Position/Designation _____
Employer's Tel. Nos. _____ Fax No. _____
Employer's Address _____
Date of Birth _____ Place of Birth _____
Name of Nearest Kin _____ Relation _____
Address _____

MASONIC MEMBERSHIP

Name of Lodge _____ No. _____
Date _____ Date _____ Date _____ Date _____
Initiated _____ EAM Proficiency _____ Passed _____ FCM Proficiency _____
Date _____ Date _____
Raised _____ M.M. Proficiency _____ GLP ID: RIVE-157- _____
Plural Member _____ Lodge No. _____
Lodge No. _____
Affiliation _____ Lodge No. _____
FRAP Beneficiary _____ Relationship _____
Year as WM _____ GLI _____ DGL _____ DDGM _____
Remarks : _____

OTHER MASONIC MEMBERSHIP

York Rite Bodies

	No.	Location	Honors
Chapter _____	_____	RAM _____	_____
Council _____	_____	_____	_____
Commandery _____	_____	_____	_____

Scottish Rite Bodies

	Location	
Lodge _____	_____	KCCH-Date Invested _____
Chapter _____	_____	IGH-Date Coronated _____
Council _____	_____	SGIG-Date Crowned _____
Consistory _____	_____	_____

MASONIC ORIENTED ORGANIZATIONS

A.A.O.N.M.S. _____ Temple Location _____
OES _____ CHAPTER No. _____ Location _____
AMARANTH _____ Location _____

NON-MASONIC ORGANIZATIONS

_____ Location _____
_____ Location _____