

# ANNUAL REPORT FOR

DECEMBER \_\_\_\_\_

OF \_\_\_\_\_ COUNCIL NO. \_\_\_\_\_

VALLEY OF \_\_\_\_\_ STATE OF GEORGIA

**TO THE SUPREME COUNCIL OF THE**



**ORDER OF THE KNIGHTS OF PYTHAGORAS**

*Sponsored by Prince Hall Masons*

Please list officers for the ensuing year

Master Knight \_\_\_\_\_ Address \_\_\_\_\_, GA Zip \_\_\_\_\_

Senior Knight \_\_\_\_\_ Address \_\_\_\_\_, GA Zip \_\_\_\_\_

Junior Knight \_\_\_\_\_ Address \_\_\_\_\_, GA Zip \_\_\_\_\_

Knight Treasurer \_\_\_\_\_ Address \_\_\_\_\_, GA Zip \_\_\_\_\_

Knight Recorder \_\_\_\_\_ Address \_\_\_\_\_, GA Zip \_\_\_\_\_

## **INSTRUCTION TO KNIGHT RECORDERS**

Every effort should be made to have these reports typewritten. These sheets will be bound and become the permanent record of your council.

Three copies of this report must be filled out in detail. Send all three copies with money to the State Director for your Jurisdiction. He will audit it make necessary corrections if need be, and return one copy to you; keep one on file and forward the original copy to the Office of the Supreme Knight Recorder. This must be done so that the report will reach the office of the Supreme Knight Recorder Before December 31<sup>st</sup> of each year.

Each financial member on your roll operating must pay to the Georgia Supreme Council the amount of \$5.00 in the month of December of each year. This amount is remitted with each annual report. Members operating under "A" (Life Membership Status) Must pay \$2.00 for each of the intervening years before reaching the age of twenty-one years.

The fee for reinstatement is \$5.00. The fee for affiliation is \$5.00. The fee for Demit is \$5.00. It is imperative that all Knight Recorders exert every care in these matters to ensure the accuracy of the annual report.

Fees for new members shown on the "Application for Letters Temporary" are not shown on this report because they are paid at the time the "Application for Letters Temporary" is submitted.



Member(s) reinstated since last report at \$5.00 each

Last Name, First, MI	Date	Phone
-		

Member(s) admitted by Demit since last report at \$5.00 each

Last Name, First, MI	Date	Phone

Member(s) suspended or dropped for non-payment since last report at \$5.00 each

Last Name, First, MI	Date	Phone
-		

Member(s) Demitted since last report at \$5.00 each

Last Name, First, MI	Date	Phone
-		

Member(s) Expelled since last report

Last Name, First, MI	Date	Phone

Member(s) died since last report

Last Name, First, MI	Date	Phone

Member(s) graduated since last report

Last Name, First, MI	Date	Phone

**RECAPITULATION**

1. Number of Members Reported on last report.....	
2. Number of Members initiated since last report.....	
3. Number of Members Reinstated since last report.....	
4. Number of Members Admitted by Demit since last report....	
<b>5. Total.....</b>	

**From which deduct:**

6. Number of Members Suspended since last report.....	
7. Number of Members Demitted since last report.....	
8. Number of Members Expelled since last report.....	
9. Number of Members GRADUATED since last report.....	
10.Total.....	
11. Number of Members this report (Subtract line 10 from 5)	

**AMOUNT DUE SUPREME COUNCIL**

For _____ Members on roll at \$5.00 each.....	\$
For _____ Demits granted at \$5.00 each.....	\$
For _____ Reinstatements at \$5.00 each.....	\$
For _____ Affiliations by Demit at \$5.00 each.....	\$
Total amount due Supreme Council with this report.....	\$

Given under our hand this \_\_\_\_\_ day of \_\_\_\_\_ year 20\_\_ at \_\_\_\_\_

(Signature) \_\_\_\_\_ Master Knight

Address \_\_\_\_\_

(Signature) \_\_\_\_\_ Knight Recorder

Address \_\_\_\_\_

(Attest) \_\_\_\_\_ Council Advisor

Address \_\_\_\_\_

Approved by: Willie L. Williams, State Director for the Jurisdiction of Georgia Date \_\_\_\_\_