



SHRINE MEMBERSHIP UPDATE REPORT

(PLEASE PRINT OR TYPE)

IMPORTANT: Send report **ONLY** when there are changes to your Shrine's membership to:
Keep a copy for your files.

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 11077 Fawnhaven Drive
 St. Louis MO 63126-3503

_____ Month _____ 20____
 Shrine Name _____ No _____ State/ Province _____

MEMBERSHIP RECORD

MEMBERS AT THE BEGINNING OF THE MONTH _____

ADD: INITIATED, AFFILIATED, REINSTATED, TRANSFERRED IN, BECAME DUAL (List in **A** below.) + _____

DEDUCT: DECEASED, DEMITTED, TRANSFERRED OUT, SUSPENDED, EXPELLED (List in **B** below.) - _____

TOTAL MEMBERS AT THE END OF THE MONTH = _____

A—MEMBERS ADDED – INITIATED, AFFILIATED, REINSTATED, TRANSFERRED IN, OR BECAME DUAL MEMBER:

50-Yr. Life Members—Indicate "50-LM"; Totally Disabled/Nursing Home—Indicate "Tot. Dis".

Date	Member ID Number	Name	Mailing Address	Telephone Number	New, Affiliated, Reinstated, Transferred In, Became Dual (Indicate From or With What Shrine, Number, State) 50-LM, Tot. Dis.

B—MEMBERS REMOVED – DECEASED, DEMITTED, TRANSFERRED OUT, SUSPENDED, OR EXPELLED:

Date	Member ID Number	Name	Mailing Address	How Removed

C—NAME AND/OR ADDRESS CHANGES:

Member ID Number	Original Name	New Name	New Address

Worthy Scribe _____

Telephone Number (____) _____

E-Mail: _____

ADD ADDITIONAL SHEETS IF NECESSARY.