Please return TWO COPIES of this form to the Grand Lodge Office and ONE copy to your D.D.G.M. IMMEDIATELY after the installation of Officers.

Return of Officers of: _____ Lodge No. _____

Installed on _____ 20 ___ Temple Address _____

Town\City _____ Postal Code _____ District _____

Day & Time of Regular Meeting (ie. 2nd Tues., 7:30 p.m.)_____ Months Lodge Closed _____

Office	Certificate No.	Given name and surname in full	Office	Certificate No.	Given name and surname in full
W.M.			**Sec'y**		
occupation			occupation		
address			address		
city –code			city – code		
tel (Res)			tel (Res)		
tel (Bus)			tel (Bus)		
fax			fax		

Office	Cert. No.	Given name and surname in full	Office	Cert. No.	Given name and surname in full
I.P.M.			Tyler		
S.W.			S.S.		
J.W.			J.S.		
Chaplain			Treas.		
S.D.			Ass't Sec.		
J.D.			Organist		
D. of C.			Historian		
I.G.					

{ SEAL }

_____**W.M.**

_____**SECRETARY**

P:\wpdata\retoff Upated Aug15/00

Have you fully completed this Form?