MONTHLY MEMBERSHIP REPORT

To be used ONLY for:

1. Change of Address
2. Change of NAME and other corrections
3. Death, Transfer (OUT ONLY) and Cancellation
4. Corrections and Missing Information on Membership Roster

TO BE SUBMITTED **MONTHLY** (whether there are changes to report or not)
and NOT LATER than 10 DAYS AFTER A LODGE MEETING

LODGE NAME _____ LODGE # _____

FOR MONTH ENDING _____ FINANCIAL SECRETARY _____
(Signature)

1. CHANGE OF ADDRESS

P L E A S E P R I N T

FAMILY'S LAST NAME	MEMBER NUMBER*	NEW ADDRESS (First Line) CITY, STATE ZIP (Second Line)
LastName	11111 12222 13333	123 Street Name Anytown, CA 99999

*Please list the member number for each member of the family.

2. CHANGE OF "NAME" AND OTHER CORRECTIONS

P L E A S E P R I N T

FULL NAME (Last name first)	MEMBER NUMBER	SPECIFY CHANGE OR CORRECTION

LODGE # _____

3. DEATHS, TRANSFER OUT ONLY (in this case ATTACH BLUE TRANSFER FORM, with information completed on TOP and BOTTOM), **AND CANCELLATIONS** PLEASE PRINT

FULL NAME (Last name first)	MEMBER NUMBER	DEATH MO/DAY/YR	CLASS *	TRANS. OUT	CANCEL	EFFECTIVE DATE MO/DAY/YR
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*Class or type of membership is important only, in case of death, as a reminder to please start the insurance claim process if class includes insurance. Three types of membership include insurance: R, SCB, and JR.
What you will need:
◊ Completed "Proof of Loss" form (must contain birth date and SS# of deceased and all beneficiaries).
◊ **Copy** of death certificate.
◊ Copy of "Beneficiary Designation" form to compare to office copy.
◊ In case of beneficiaries being deceased or no designated beneficiaries, please fill out "Preference Beneficiary's Affidavit" form.

Class of Membership:

Regular	**R**
Associate	**A**
Social	**S**
Social w/insurance	**SCB**
Junior Social	**JRS**
Junior w/insurance	**JR**

4. CORRECTIONS AND MISSING INFORMATION ON MEMBERSHIP ROSTERS PLEASE PRINT

FULL NAME (Last name first)	MEMBER NUMBER	AGE AT INITIATION	BIRTH DATE	SOCIAL SECURITY #	INITIATION MO/DAY/YR