

TWO (2) COPIES OF THIS QUARTERLY REPORT MUST BE SENT :

CHARITY DEPARTMENT

Carrie B. Burns Most Royal Grand Court Order Of Cyrene Crusaders

769 Gable Dr Center Point, Alabama 35215

On or before the 30th day of the First month in each quarter



QUARTER FOR THE MONTHS OF: JAN-MAR APR-JUN JUL-SEP OCT-DEC

Court Name & No. _____

City _____ **Meeting Date** _____

OLD MEMBERS

LIST ALPHABETICALLY

AMOUNT

AMOUNT

1. _____	21. _____
2. _____	22. _____
3. _____	23. _____
4. _____	24. _____
5. _____	25. _____
6. _____	26. _____
7. _____	27. _____
8. _____	28. _____
9. _____	29. _____
10. _____	30. _____
11. _____	31. _____
12. _____	32. _____
13. _____	33. _____
14. _____	34. _____
15. _____	35. _____
16. _____	36. _____
17. _____	37. _____
18. _____	38. _____
19. _____	39. _____
20. _____	40. _____

Number New Members

AMOUNT

Number Demitted

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Number Suspended or Expelled

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Number Transfers

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Dated _____ 20_____

Number Re-Instated

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

I CERTIFY THAT THIS REPORT IS CORRECT

PRINCESSES COMMANDRESS SIGNATURE

ADDRESS

ZIP

Total From Old Members _____ \$

Total From New Members _____ \$

GRAND TOTAL _____ \$

SECRETARY SIGNATURE

Number Members last report _____

ADDRESS

ZIP

Number New Members _____

TOTAL MEMBERS _____

ROYAL ADVISOR SIGNATURE

Number suspended _____

Number expelled _____

Number demitted _____

Number died _____

ADDRESS

ZIP

TOTAL PRESENT MEMBERSHIP _____

CHECK or MONEY ORDER No. _____

FOR \$ _____ ENCLOSED