

FORM 3 FILLING INSTRUCTIONS

SAVE A COPY OF THIS EMPTY FORM TO BE USED LATTER AS AN ORIGINAL FORM.

AFTER FINISHING DATA ENTRY SAVE THE FORM AS:

FORM 3-"Year"-"Council No."-"sequence number within that year" Ex. FORM 3-2005-7-1]

You may use MOUSE, TAB, SHIFT TAB, and "NAVIGATION" at the Toolbar, to move through the Form 3 fields

ALL DATES ARE: mm dd yyyy

MEMBER NO. field is not used yet, except for Candidates (99999)

FORM 3 PERIODIC UPDATES

This FORM 3 is to report members data in conformity with Section 54 of the CODE. Data not yet reported in previous FORM 3 can be recorded as well.

This is a multi-page FORM. You can use as many pages as you need to report many members data, one member per page. Use RECORDS - GO TO - NEW to display a new page.

LONG YELLOW BAR (Council name and number) (Must be filled)

Click on it, and click on the name of your Chapter appearing in the pull-down table .

COUNCIL NO. (Must be filled)

Use the pull-down table and click on your COUNCIL No.

MEMBER NO.

MEMBER NO. field is not used yet, except for Candidates (99999). Use pull-down table for CANDIDATE code 99999

TITLE(Must be filled)

Use pull-down table

FNAME MNAME LNAME (Must be filled)

First Name, Middle Name, Last Name are to be filled.

PERSONAL DATA and LAPSATION AREAS

Fill in the update data. **MEMO** is about 100 characters long, or less, depending on font size and capitalization.

NEW MEMBERS AREA

Fill in the update data. If you have a PETITION for Degrees , Affiliation, or Reinstatement, use the pull-down table to choose the adequate PETITION TYPE.

REPORT DATE (Must be filled)

Date when that page of FORM 3 was filled. If using multi-pages, each page is to have the date when that page was filled.

RECORDER SIGNATURE (Must be filled)

Print name of the Recorder

Suggestions are welcome. Please email to: hfc Coleman@msn.com

GRAND COUNCIL CRYPTIC MASONS OF THE DISTRICT OF COLUMBIA

PERIODIC UPDATE

SEND THIS UPDATE AS PER CODE SECTION 54

COUNCIL NO	MEMBER NO.	TITLE	FNAME	MNAME	LNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL DATA

ADDRESS	CITY	STATE	ZIP	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OCCUPATION	PHONE H	PHONE W
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL	DOB	CHAP NO	STATE	CHAPCOUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LDGNO	STATE	LDGCOUNTRY	DEMIT	DEMIT DATE	WITHD.	WITHDRAWN DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMO	DIED	DIED DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

LAPSATION

REINS	REINSTATED DATE	DROP	NPD COUNCIL DATE	DROP	NPD CHAPTER DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DROP	NPD LODGE DATE	SUSP	UNMASONIC DATE	EXPEL	EXPELLED DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NEW MEMBERS

PETITION DATE	PETITION TYPE	ELEC	ELECTED DATE	REJE	REJECTION DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AFFIL	AFFILIATION DATE	MOTHER COUNCIL No.	STATE	COUNTRY	HONOR	HONORARY DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ROYAL MASTER & DATE	SELECT MASTER & DATE	SUPER EXC. MAST & DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

TRICE ILLUST MAST & DATE	REPORT DATE	RECORDER SIGNATURE
<input type="text"/>	<input type="text"/>	<input type="text"/>