



**The Most Worshipful Prince Hall Grand Lodge, Free and Accepted Masons,
PHA District of Columbia Incorporated**

Masonic Temple 1000 U Street, NW
Washington, D.C. 20001-4049
Office 202-462-8878
Fax 202-265-5620
Web: www.mwphglc.com
Email: rwgsec@mwphglc.com

ANNUAL REPORT

Date: _____

Lodge: _____

Notice

This Annual Report is due into the Office of the Grand Secretary no later than November 5, 2015, with the exception of the page 11 (Election of Officers of 2016).

In case of neglect or refusal of any Lodge to pay its annual dues at the time herein specified, (at least five days prior to the tenth of November), or on or before the next annual communication of the Grand Lodge, such Lodge may be stricken from the books of the Grand Lodge and their Warrant or Chapter considered null and void. But, upon proper application to the Grand Lodge, making full returns and paying all dues, such Lodge may be restored to its former rank and privileges, -- Article III, Section 4, page 7, Corpus Juris, Constitution and By-Laws of the Most Worshipful Prince Hall Grand Lodge Constitution Free and Accepted Mason, P.H.A of the District of Columbia, Inc.

STATEMENT OF MEMBERSHIP, ASSESSMENTS MONIES DUE
The Most Worshipful Prince Hall Grand Lodge
November 1, 2014 thru October 31, 2015
Lodge: _____

“Each Lodge will complete the attached Grand Lodge Financial Assessment Calculation Worksheet and insert a printed copy here!”

ROLL OF PAST MASTERS AND PAST GRAND LODGE OFFICERS
List Alphabetically

Lodge: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____
First Name: _____ Mi: _____ Last Name: _____

MEMBERS ON THE ROLL

“Each Lodge will be provided a printed copy of the Grand Lodge Membership Database listing for their respective Lodge. Update the provided Membership Roster and attach to your Annual Report”

ENTERED APPRENTICES ON THE ROLL
List Alphabetically

Lodge: _____

ID No. _____ Date of EP: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

ID No. _____ Date of EP: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

ID No. _____ Date of EP: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

ID No. _____ Date of EP: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

ID No. _____ Date of EP: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

ID No. _____ Date of EP: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

ID No. _____ Date of EP: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

FELLOW CRAFTS ON THE ROLL
List Alphabetically

Lodge: _____

ID No. _____ Date of FC: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

ID No. _____ Date of FC: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

ID No. _____ Date of FC: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

ID No. _____ Date of FC: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

ID No. _____ Date of FC: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

ID No. _____ Date of FC: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

ID No. _____ Date of FC: _____
First Name: _____ Mi: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code+4: _____
Phone: _____ Email: _____

DECEASED
List Alphabetically

Lodge: _____

ID No. _____ Date of Death: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Date of Death: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Date of Death: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Date of Death: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Date of Death: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Date of Death: _____
First Name: _____ Mi: _____ Last Name: _____

REINSTATED

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

AFFILIATED

List Alphabetically

Lodge: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

REJECTED

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

SUSPENDED

List Alphabetically

Lodge: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

EXPELLED

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

DEMITTED

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

DROPPED FOR NON-PAYMENT OF DUES

List Alphabetically

Lodge: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

ID No. _____ Effective Date: _____
First Name: _____ Mi: _____ Last Name: _____

OFFICERS ELECTED FOR 2016

Lodge: _____

Worshipful Master

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

Senior Warden

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

Junior Warden

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

Treasurer

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

Secretary

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

APPOINTED OFFICERS FOR 2016

Lodge: _____

Senior Deacon

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

Junior Deacon

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

Senior Master of Ceremonies

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

Junior Master of Ceremonies

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

Senior Steward

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

Junior Steward

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

Chaplin

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

Marshall

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

Tiler

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

Assistant Secretary

ID No. _____

First Name: _____ Mi: _____ Last Name: _____

CERTIFICATION OF THE LODGE ANNUAL REPORT

November 1, 2014 thru October 31, 2015

We the undersigned, hereby certify that the above is a true statement of work done in _____ for Year _____.

And in testimony thereof, we have hereunto, subscribed our names and caused the seal of the Lodge to be affixed this _____ day of year _____.

Worshipful Master (Signature)

Senior Warden (Signature)

Junior Warden (Signature)

Approved by the Lodge

Respectfully Submitted

Date: _____

Secretary (Signature)

(Lodge Seal)