



REPORT FOR COMPLETION BY COUNCIL RECORDER

..... **COUNCIL NO.**

DATE **AT**

Ceremonies Performed Please Tick	Select Master	Royal Master	Most Excellent Master	Super Excellent Master	Installation
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OFFICERS DURING CEREMONIES

Select Master		Royal Master	Most Excellent Master		Super Excellent Master	
TIM			RWM		Ged.	
DM			SW		1st K.	
PCW					2nd K.	
Chaplain			Chaplain		Chaplain	
DC			DC		DC	
Capt. of Gd.			SD		Capt. of Gd.	
Cond. of C.			JD		Herald	
ADC			ADC		ADC	
Steward			IG		3rd K.	
Sentinel			Tyler		Sentinel	
Lecture By			Lecture		Lecture	

INSTALLATION CEREMONY PERFORMED BY

P T O

CANDIDATES AT MEETING Please Tick as appropriate

Name	Select Master	Royal Master	Most Excellent Master	Super Excellent Master

ADDITIONAL INFORMATION ON MEMBERS

Name	Date of /Death	Exclusion	Resignation	Hon Mem	Change address / Phone No / Email