



Membership Activity Report

King Cyrus Grand Chapter, HRAM of Virginia, PHA

Chapter Name: _____ No.: _____

- | | |
|---|---|
| <input type="checkbox"/> Affiliated (Coming in) | <input type="checkbox"/> Reinstated (1yr or less) |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Rejoined (over 1yr) |
| <input type="checkbox"/> Demitted (Going out) | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Exalted | <input type="checkbox"/> Information Change |

Companion's Full Name: _____

Date of Birth: _____ Age: _____ Email: _____

Affiliated From:

Jurisdiction: _____ Chapter Name & No.: _____

Demitted To:

Jurisdiction: _____ Chapter Name & No.: _____

Chapter Secretary Name: _____ Phone: _____

Chapter Secretary Signature: _____ Date: _____



Grand Chapter Office

Date Received: _____ Date Processed: _____ Processed By: _____