

# Knights of St. John International

## *Monthly Report*

### SPECIAL INSTRUCTIONS FOR FILLING IN AND MAILING MONTHLY REPORTS



The Local Secretary is obligated to file ONE copy of this report with the Supreme Secretary and ONE copy with the Grand Secretary immediately after each monthly meeting. If no members are initiated or withdrawn, fill in the date of the meeting and sign. Commanderies that have two meetings each month must fill in two monthly reports. PLACE THE LETTER (W) after each withdrawal; (E) after each expulsion; (D) after each death, and (T) for transfers.

Commandery No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date of Meeting \_\_\_\_\_, 20\_\_\_\_

#### Members Initiated

#### Members Withdrawn, Expelled, Died, or Transferred

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Change \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Change \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Change \_\_\_\_\_

#### REMARKS \_\_\_\_\_

**MONTHLY DONATIONS** \_\_\_\_\_

**VOLUNTEERED HOURS** \_\_\_\_\_

**PLEASE LIST ON THE BACK OF THIS SHEET  
TO WHOM DONATIONS AND VOLUNTEERED  
HOURS WERE DONATED.**

Signed by \_\_\_\_\_

Secretary

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_