



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

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MEMBERSHIP DATA CHANGE SHEET

NOTE: A monthly Membership Data Change Sheet must be completed covering changes that have occurred during the month preceding your last Stated Communication (SC). These changes must be submitted to the Office of the Grand Secretary within five (5) days after your Stated Communication. Negative reports are required. (Additional information should be attached to this form)

Lodge: _____ SC Date: _____

I. List MEMBERSHIP STATUS CHANGES (any corrections to the roster) since last SC.

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

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

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

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

II. List REINSTATEMENT since last SC.

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

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

III. List DEATHS since last SC.

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

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

IV. List DROPS since last SC.

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: _____

V. List AFFILIATIONS (gains from Lodges/Jurisdictions) since last SC.

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

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

VI. List DEMITS (losses to other Lodges/Jurisdictions) since last SC.

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

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

Worshipful Master (Signature)

Secretary (Signature)

Additional Information Area: