



M.W. PRINCE HALL GRAND LODGE OF KANSAS, F. & A. M.

OFFICIAL QUARTERLY REPORT:

Circle One 1st Qtr. (May 1 – July 31), 2nd Qtr. (Aug 1- Oct. 31), 3rd Qtr. (Nov 1 – Jan.31), 4th Qtr. (Feb 1 – Apr. 30)

Date Filed _____ **Name of Lodge** _____ **No.** _____

Name of Worshipful Master _____ **Phone No.** _____

Address _____ **City** _____ **Zip Code** _____

Name of Secretary _____ **Phone No.** _____

Address _____ **City** _____ **Zip Code** _____

Note: Each Column contains the amount due for each Brother. The NAACP/Charity, Building Fund, and the Educ. Fund are only due during the 4th Quarter. All Past Grand Masters and 50 YR Members are Exempt.

| | NAME | W/O FUND (\$6.75) | GENENERAL FUND (\$9.00) | DOWNTOWN MASONIC TEMPLE TAX FUND (\$3.00) | NAACP/CHARITY FUND (4 th Qtr.) (\$1.00) | BUILDING FUND (4 th Qtr.) (\$2.20) | EDUCATION FUND (4 th Qtr.) (\$3.00) |
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M.W. PRINCE HALL GRAND LODGE OF KANSAS, F. & A. M.

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M.W. PRINCE HALL GRAND LODGE OF KANSAS, F. & A. M.

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| Total for W.O. Burial: | |
| Total for General Fund: | |
| Total for Building Fund: | |
| Total for Education Fund: | |
| Total for Downtown Masonic Temple Tax: | |
| Total for NAACP/Charity: | |
| Total for Initiation | |
| Total to Grand Lodge for _____ Quarter: | |



NAMES OF ASSOCIATE MEMBERS
(Exempt from Widow's & Orphan Fund Only)

1. _____
2. _____
3. _____
4. _____
5. _____

NAMES OF 50-YEAR MEMBERS
(Exempt from ALL Funds)

1. _____
2. _____
3. _____
4. _____
5. _____

NAMES OF PAST GRAND MASTERS
(Exempt from ALL Funds)

1. _____
2. _____
3. _____
4. _____
5. _____

Worshipful Master

Secretary

M.W. PRINCE HALL GRAND LODGE OF KANSAS, F. & A. M.



PRINCE HALL GRAND LODGE OF KANSAS, F. & A.M.

QUARTERLY REPORT FOR THE _____ QUARTER

_____ **LODGE #** _____

BROTHERS ADMITTED/REINSTATED DURING THIS QUARTER

1. Name: _____
Raised: __/__/20__
DOB: __/__/____
SSN: ____-____-____
Address: _____
Beneficiary: _____
Address: _____

2. Name: _____
Raised: __/__/20__
DOB: __/__/____
SSN: ____-____-____
Address: _____
Beneficiary: _____
Address: _____

3. Name: _____
Raised: __/__/20__
DOB: __/__/____
SSN: ____-____-____
Address: _____
Beneficiary: _____
Address: _____

4. Name: _____
Raised: __/__/20__
DOB: __/__/____
SSN: ____-____-____
Address: _____
Beneficiary: _____
Address: _____

5. Name: _____
Raised: __/__/20__
DOB: __/__/____
SSN: ____-____-____
Address: _____
Beneficiary: _____
Address: _____

M.W. PRINCE HALL GRAND LODGE OF KANSAS, F. & A. M.
PRINCE HALL GRAND LODGE OF KANSAS, F. & A.M.



QUARTERLY REPORT FOR THE _____ QUARTER

_____ LODGE # _____

**BROTHERS RAISED DURING THIS QUARTER
INITIATION FEE \$20.00**

-
1. Name: _____
Raised: __/__/20__
DOB: __/__/____
SSN: ____-____-____
Address: _____
Beneficiary: _____
Address: _____

 2. Name: _____
Raised: __/__/20__
DOB: __/__/____
SSN: ____-____-____
Address: _____
Beneficiary: _____
Address: _____

 3. Name: _____
Raised: __/__/20__
DOB: __/__/____
SSN: ____-____-____
Address: _____
Beneficiary: _____
Address: _____

 4. Name: _____
Raised: __/__/20__
DOB: __/__/____
SSN: ____-____-____
Address: _____
Beneficiary: _____
Address: _____

 5. Name: _____
Raised: __/__/20__
DOB: __/__/____
SSN: ____-____-____
Address: _____
Beneficiary: _____
Address: _____

 6. Name: _____
Raised: __/__/20__
DOB: __/__/____
SSN: ____-____-____
Address: _____
Beneficiary: _____
Address: _____

M.W. PRINCE HALL GRAND LODGE OF KANSAS, F. & A. M.



QUARTERLY REPORT FOR THE _____ QUARTER

_____ LODGE # _____

BROTHERS SUSPENDED FOR NON-PAYMENT OF DUES

| Name | Date | Name | Date |
|-------------|-------------|-------------|-------------|
| 1. | | 21. | |
| 2. | | 22. | |
| 3. | | 23. | |
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| 20. | | 40. | |



QUARTERLY REPORT FOR THE _____ QUARTER

LODGE # _____

BROTHERS DECEASED

1. Name: _____
 Date of Death: _____
 DOB: _____
 SSN: ____-____-____
 Address: _____
 Beneficiary: _____
 Address: _____

2. Name: _____
 Date of Death: _____
 DOB: _____
 SSN: ____-____-____
 Address: _____
 Beneficiary: _____
 Address: _____

3. Name: _____
 Date of Death: _____
 DOB: _____
 SSN: ____-____-____
 Address: _____
 Beneficiary: _____
 Address: _____

BROTHERS DEMITTED

-
1. Name: _____
 Date Demitted: ____-____-____
 Name of Lodge: _____
 Address of Lodge: _____

 2. Name: _____
 Date Demitted: ____-____-____
 Name of Lodge: _____
 Address of Lodge: _____

 3. Name: _____
 Date Demitted: ____-____-____
 Name of Lodge: _____
 Address of Lodge: _____

 4. Name: _____
 Date Demitted: ____-____-____
 Name of Lodge: _____
 Address of Lodge: _____

M.W. PRINCE HALL GRAND LODGE OF KANSAS, F. & A. M.



Circle One 1st Qtr. (May 1 – July 31), 2nd Qtr. (Aug 1- Oct. 31), 3rd Qtr. (Nov 1 – Jan.31), 4th Qtr. (Feb 1 – Apr. 30)

_____ Lodge # _____
Lodge Name

RECAPITULATION OF THE _____ QUARTER

of Membership Reported Previous Quarter: _____

| | | | |
|--------------------------|-------|-------------------------|-------|
| Raised this Quarter: | _____ | Deaths this Quarter: | _____ |
| Reinstated this Quarter: | _____ | Suspended this Quarter: | _____ |
| Admitted this Quarter: | _____ | Demitted this Quarter: | _____ |
| Total Gains: | _____ | Total Losses: | _____ |

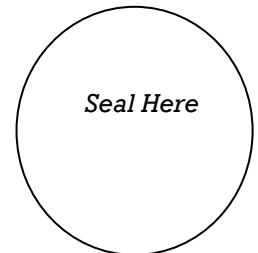
Present Number in good standing: _____

- | | |
|---|---|
| 1. Amount Due: Widow's & Orphans: ----- \$_____ | 5. Amount Due General Fund: \$_____ |
| 2. Amount Due: Building Fund: ----- \$_____ | 6. Amount for NAACP/Charity: \$_____ |
| 3. Amount Due: Downtown Masonic Temple Tax: \$_____ | |
| 4. Amount Due Re-instatement Fee: ----- \$_____ | 7. Amount Due for Initiation Fee: \$_____ |

Total Due to Grand Lodge: (Add Lines 1-7) \$_____

Worshipful Master

Secretary



- Note: A check shall be made out for each account.

M.W. PRINCE HALL GRAND LODGE OF KANSAS, F. & A. M.

Antonio D. Allen
R. W. Grand Secretary
P.O. Box 7808
Overland Park, KS 66207-0808
Phone (816) 916-4532
GrandSecretaryphglks@gmail.com

_____ **LODGE No.** _____

Summary for Quarterly Reports from May 1, _____ to April 30, _____
 Number of members reported at last Grand Lodge Session _____

| Quarter | 1st Qtr. <i>(May 1 to July 31)</i> | 2nd Qtr. <i>(Aug 1 to Oct 31)</i> | 3rd Qtr. <i>(Nov 1 to Jan 31)</i> | 4th Qtr. <i>(Feb 1 to Apr 31)</i> | Total Gains | Total Loss |
|-----------------------|--|---|---|---|--------------------|-------------------|
| Raised | | | | | | |
| Reinstated | | | | | | |
| Admitted | | | | | | |
| Demitted | | | | | | |
| Suspended | | | | | | |
| Deaths | | | | | | |
| Total Members. | | | | | | |

Number of 50-year Members _____ Number of Past Grand Master _____

Number of Associates Members _____

Present # of ALL Members in Good Standing _____

Worshipful Master

Name: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 Email: _____

Secretary

Name: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 Email: _____