PER CAPITA TAX FORM

FOR TAX PERIOD - JAN. 200 OR JUNE 200_

Lodge:		Lodge No District	
3	Lodge: Lodge No. District Address: Zip Code:		
Date:			
NAME MEMBERS (List Names Alphabetically)	AMOUNT PAID	NAME MEMBERS (List Names Alphabetically)	AMOUNT PAID
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	
Lodge Secretary's Signature:			
Total of Members on Roll	Tot	al Members Exempt	
Total Members Suspended	Total of Members Paying for		
(\$10.50/per member - Make check payab	ole to: MWPHGL,	Grand Lodge Account) Total Submit	ted <u>\$</u>
For Use	of the Grand Seci	retary's Office (Account Manager) Only	
Total Amount Received \$	Date Received/Processed		
Signature		, Asst. Grand S	ecretary