

REINSTATEMENT FORM

Please Print or Type

Lodge: _____ Lodge No. _____ District _____

Address: _____ Zip Code: _____

Date: _____

NAME MEMBERS (List Names Alphabetically)	AMOUNT PAID
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

Secretary's Signature: _____ Total of Members Listed _____

(\$60.00/per member - Make check payable to: MWPHGL, Grand Lodge Account) Total Submitted \$ _____

For Use of the Grand Secretary's Office (Account Manager) Only

Total Amount Received \$ _____ Date Received/Processed _____

Signature _____, Asst. Grand Secretary