

COUNCIL OF HIGHER DEGREES – ANNUAL REPORT - OFFICER LISTING

ASSOCIATION NAME: _____

NAME OF COUNCIL OF HIGHER DEGREES: _____

Number of Lodges _____ **in this Council** **Number of Chapters** _____ **in this Council**

Number of Moose Legion Jurisdictions: _____ **in this Council**

Approximate number of men & women CHD members: _____ **as of Date of Report** _____

President: Name: _____

MID#: _____

Address: _____

City/State/Prov/Zip/Postal Code: _____

Telephone: _____ E-Mail: _____

Vice-President: Name: _____

MID#: _____

Address: _____

City/State/Prov/Zip/Postal Code: _____

Telephone: _____ E-Mail: _____

Chaplain: Name: _____

MID#: _____

Address: _____

City/State/Prov/Zip/Postal Code: _____

Telephone: _____ E-Mail: _____

Secretary/Treasurer: Name: _____

MID#: _____

Address: _____

City/State/Prov/Zip/Postal Code: _____

Telephone: _____ E-Mail: _____

Jr. Past President: Name: _____

MID#: _____

Address: _____

City/State/Prov/Zip/Postal Code: _____

Telephone: _____ E-Mail: _____

RETURN THIS FORM TO:

**COUNCIL OF HIGHER DEGREES
155 S. INTERNATIONAL DR.
MOOSEHEART, IL 60539-1181**

FAX: 630-966-2208 OR RNEFF@MOOSEINTL.ORG