

**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: 630-859-6616 OR SBAILE@MOOSEINTL.ORG**