ANNUAL POST ACTIVITY REPORT (Section 7.2 Manual of Procedures)

January 1 to December 31, 2017

1.	Post Number		2.	Name			3.	Date Chartered					
4.	District Affiliation		5.	Members	January 1,			-December 31,					
6.	New Members during Period			7. Members	Lost			Dropped		Died			
8.	Meeting Night		Time			Place							
9	Address:												
	City		State		Zip			Telephone					
10	Number of Members with Complete Uniform:		10a.		Post Caps, Aprons & Gloves								
11	Name of Commander- Elect:				Masonic Title	RW		W		Bro			
	Address:			E-mail:									
	City:		State:		Zip:			Telephone:					
12	Name of Adjutant- Elect:				Masonic Title:	RW		W		Bro			
	Address				E-mail:								
	City		State		Zip			Telephone:					
13	Name of Area Representative:				Masonic Title	RW		W		Bro			
	Address				E-mail:								
	City		State		Zip			Telephone					
14	Has Post Paid Per Capita Tax based on Membership as of January 1 of the reporting period at $3.00 per member?												
	Yes		No		Newly Initiated Members at $1.00			Yes			No		
15	A brief Summary of Post Activities, Events, Functions, Parades, Veterans Hospital Support, DDGM Color Presentations, etc.:												

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Adjutant Post Commander