

## **GRAND LODGE OF SOUTH AUSTRALIA & NORTHERN TERRITORY** LODGE INSTALLATION REPORT

(To be forwarded to the Grand Secretary within 7 working days of Installation)

Lodge Nam	ne							No		
Date of Inst	tallation	No's Present: N	/lembers		Visitors .					
INSTALLATION ONLY: (Please give FULL NAMES and GRAND LODGE MEMBERSHIP NO. in each section)										
ADDRESS OF N	MEETING PLACE:					REGULAR I MEETING:				
Secretary	<u> </u>	Preferred Na	ıme			Tel No		Fax		
Address for Lod	ge Mail				E	mail				
W.M		Addres	ss							
S.W:			J.W:							
CHAPLAIN:			TREASUR	RER:						
D.C:			CARE OF	FICER:						
S.D:			J.D:							
ORGANIST:			I.G:	_						
STEWARD			STEWAR	D						
STEWARD			STEWAR	D						
TYLER:			FOUNDA <sup>-</sup>	TION COORDIN	ATOR:					
INSTALLING M	ASTER:	DIRECTOR.				TYPE OF F	ESTIVE BOARD:			
WORKINGS FOR THE NEXT TWO MEETINGS (IF KNOWN) – For communication to prospective Visitors										
Date				Date Date	J	Working				
Date	Working			Date						_
	<b>и</b>		H		_#					
SIGNEDNot	t required if submitted by email	SECRETARY	DATE:			MORE FO	RMS REQUIRED	? YES / NO	ı	
Note: If any Joining / Affiliating members; Changes of Address; Clearances, Deaths, Resignations, Exclusions occurred at the meeting the Lodge Meeting Report form will need to be completed										
Forms\Craft\Lodge Installation Report									1 of	f 1

Forms\Craft\Lodge Installation Report