

**GRAND COUNCIL CRYPTIC MASONS
OF THE STATE OF NEW YORK**

Affidavit of Election 2015-2016

Return one copy to the GRAND RECORDER and one copy to the DEPUTY GRAND MASTER

**IMPORTANT: THIS FORM MUST BE COMPLETED AND RETURNED TO THE ABOVE OFFICERS
IMMEDIATELY AFTER THE ELECTION OF OFFICERS!**

Please TYPE or PRINT. Fill in ALL BLANKS. Please use Titles **For ALL OFFICERS (Comp, I, VI, RI, MI)**

This is to certify that on the _____ day of _____, 20____ at a regular Assembly of
_____ Council, Number _____, the following Companions were duly Elected to Serve.

Illustrious Master: _____ Tel. (____) _____ - _____

Address: _____
Street and Number City State Zip Code + 4

Email Address: _____

Does the Illustrious Master need the TIM Degree Yes or No (Circle One Please)

Deputy Master: _____ Tel. (____) _____ - _____

Address: _____
Street and Number City State Zip Code + 4

Email Address: _____

Prin. Cond. Of Work: _____ Tel. (____) _____ - _____

Address: _____
Street and Number City State Zip Code + 4

Email Address: _____

Recorder: _____ Tel. (____) _____ - _____

Address: _____
Street and Number City State Zip Code + 4

Email Address: _____

Council meets on: _____ (Day/Week/Month)

Except (Recess Months): _____ at _____ PM

Located At: _____
Street and Number City State Zip Code + 4

Telephone Number: (____) _____ - _____

COUNCIL SEAL

Recorder's Signature