



**Most Illustrious Union Grand Council
Royal & Select Masters of Florida, P.H.A., Inc.
410 Broad Street, Jacksonville, Florida 32202**



20__ ANNUAL SESSION REGISTRATION

Date: _____

Council No. _____

_____ (Council Name)

Name & Address Where You Want Badges Sent

Phone# _____

E-mail Address: _____

TITLE	NAME	AMOUNT	TITLE	NAME	AMOUNT
TIM		\$65.00	COMP		\$65.00
DTIM		\$65.00	COMP		\$65.00
PCOW		\$65.00	COMP		\$65.00
TREASURER		\$65.00	COMP		\$65.00
RECORDER		\$65.00	COMP		\$65.00
COMP		\$65.00	COMP		\$65.00

Grand Officers/Department Head/Life Member

Title:

Name:

Title:

Name:

Total _____ x **\$65.00** = _____

TIM Name _____ Signature _____