

LODGE AUDIT COMMITTEE

May 1, _____ THRU APRIL 30 _____

District _____

Lodge Name _____

Lodge Number _____

Audit Committee Chairman _____

Audit Committee Member _____

Prelate (required member) _____

Lodge Governor _____

Lodge Administrator _____

PLEASE RETURN THIS FORM A.S.A.P. TO

O.S.M.A. AUDIT COMMITTEE CHAIRMAN

CLIFF RANIER

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