

LODGE AUDIT COMMITTEE

MAY 1, 2016 THRU APRIL 30, 2017

District Number _____

Lodge Number _____

Lodge Name _____

Audit Chairman _____

Prelate _____

Member _____

Governor _____

Administrator _____

Please return this form A.S.A.P.

RETURN FORM TO: AUDIT COMMITTEE CHAIRMAN

CLIFF RANIER
30 ELEVATOR AVE.
PAINESVILLE, OHIO 44077
moose0490@sbcglobal.net
FAX 1-440-358-0398