

# 2018 VMAP ENROLLMENT FORM



**Dear Brother Sizemore:**

Please enroll the Valley of \_\_\_\_\_, in the Orient of \_\_\_\_\_, in the Valley Membership Achievement Project (VMAP).

We have reviewed the requirements and are prepared to take positive steps to improve our Valley's overall membership experience!

Signature of Valley VMAP Chairman  
or Point of Contact\*

Date / telephone number / email address

Signature of Valley Venerable Master

Date / telephone number / email address

Signature of Valley Secretary

Date

Signature of Valley Personal Representative

Date

**\* The Valley VMAP Chairman or Point of Contact cannot be the Valley Secretary or Personal Representative, except in Valleys with fewer than 150 members; however, it is encouraged to be a separate member whenever possible.**

**Please email this page to [Grandexec@scottishrite.org](mailto:Grandexec@scottishrite.org) or print and mail it to:**

Grand Executive Director  
The Supreme Council, 33°  
1733 16th Street NW  
Washington, DC 20009-3103

**Thank you for participating in the Valley Membership Achievement Project!**