

VMAP ENROLLMENT FORM



Dear Brother Sizemore:

Please enroll the Valley of _____, in the Orient of _____, in the Valley Membership Achievement Project (VMAP) for the calendar year _____.

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 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!