VMAP ENROLLMENT FORM



Dear Brother Sizemore:	
Please enroll the Valley of	, in the Orient of,
in the Valley Membership Achievement Project (VM	MAP) for the calendar year
We have reviewed the requirements and are prepa membership experience!	red to take positive steps to improve our Valley's overall
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

* 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.

Date

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

Signature of Valley Personal Representative

Thank you for participating in the Valley Membership Achievement Project!