Faithful Klansman:

In order to verify and check the records in this office, you will kindly furnish us at once the information requested below. Mail to P. O. Box 2411, Denver, Colorado.

Name of Klan ___________ No. of Klan _______ Realm ______

Location of Klan ___________ P. O. Box address ___________

Date Chartered _______ Number chartered with ______

NAMES AND MAILING ADDRESS OF OFFICERS.

Name ___________ Mailing Address: ___________

Exalted Cyclops ___________________________ ___________________________
Klabiff ___________________________ ___________________________
Klokard ___________________________ ___________________________
Kludd ___________________________ ___________________________
Kligrapp ___________________________ ___________________________
Klabee ___________________________ ___________________________
Kladd ___________________________ ___________________________
Klarogo ___________________________ ___________________________
Klester ___________________________ ___________________________
Klokan-Chief ___________________________ ___________________________
Klokan ___________________________ ___________________________
Klokan ___________________________ ___________________________
Night-Hawk ___________________________ ___________________________

In this space fill in business and residence addresses of Exalted Cyclops and Kligrapp, also phone numbers.

Amount of Klan Fees per year $ ___________

Regular meeting nights ___________ Place ___________
Time ___________

Average attendance at this date ___________

Date of Kligrapp's last quarterly report ___________
Robes and helmets on hand ___________
Robes and helmets ordered, not received ___________
Other supplies ordered not yet received ___________

Signed by Kligrapp ___________