

Date _____, 192__

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 _____

Klaliff _____

Klokard _____

Kludd _____

Kligrapp _____

Klabee _____

Kladd _____

Klarogo _____

Klexter _____

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 Dues 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