

# MOTHER ADVISOR IDENTIFICATION FORM

Supreme Assembly, IORG

A new form each year in January is necessary  
Please type or print clearly

Name of Assembly: \_\_\_\_\_

Meeting Place: \_\_\_\_\_

Location of Assembly: Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Meeting – Time \_\_\_\_\_ Days \_\_\_\_\_

Name of Mother Advisor: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_(Day) \_\_\_\_\_(Evening)

E-mail address \_\_\_\_\_

Send Mother Advisor Form to your  
Supreme Officer  
each January with Annual Report and any time a Mother Advisor change is made  
to be forwarded to the Supreme Assembly Office

List names of those authorized to charge supplies to Assembly Account:

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