



ALBERTA ELKS ASSOCIATION

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TRAVELLING GAVEL

TERM – MAY 1 TO APRIL 30

Date _____

Lodge Name & Number _____ District _____

Exalted Ruler _____ Secretary _____

Total Membership _____

Total Members on Trip _____

Percentage of Members on Trip _____

Visit to Lodge Name & Number _____ District _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Certified Correct (Host Lodge Signature) _____

Checked and Approved (Any Lodge Officer) _____

District Deputy _____