

**N.C. Upper Piedmont Area\*P.H.A.**

**Sick and Distressed Reporting Form:**

Please complete this form and return it to the Upper Piedmont Area Sick and Distressed Committee two weeks prior to the scheduled Area meeting. This form can be mailed to the addresses below or sent via E-mail.

<b>Consistory #</b>	<b>NC</b>
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Consistory / Assembly:                      Number:                      City, State, Zip:

<b>Phone: (     )     -     (Date) /     /2020</b>
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Commander-in-Chief / Loyal Lady Ruler:

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Name (Title):              Address:              City / State:              Zip Code:              Status:

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1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

**Area Committee Members:**

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