

MEMBERSHIP APPLICATION FORM

To be completed by the Candidate for Installation, Joining or Re-joining.

Preceptory Registrar: This Form is to be completed and sent within fourteen days of admission of the candidate to the Provincial Vice-Chancellor (with cheque/BACS receipt)

Provincial Vice-Chancellor: Please forward with cheque to The Finance Department, Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL, or via email, only if paying by BACS, and accompanied with the BACS receipt to finance@mmh.org.uk

| | |
|--|-----------------------------------|
| 1. PRECEPTORY NAME | |
| 2. PRECEPTORY NUMBER | 3. PROVINCE |
| 4. COMPANION | |
| <i>(Initials)</i> | <i>(Surname)</i> |
| 5. FORENAMES IN FULL | |
| 6. DECORATIONS AND HONOURS | |
| 7. STYLE OR TITLE <i>(e.g. Mr, Sir, Brigadier)</i> | |
| 8. ADDRESS | |
| (i) | |
| (ii) | |
| (iii) | |
| (iv) | |
| (v) | |
| 9. DATE OF BIRTH | |
| | (vi) POSTCODE |
| 10. TELEPHONE | |
| HOME | WORK |
| MOBILE | FAX |
| EMAIL | |
| PROFESSION <i>(former if retired)</i> | |
| 11. RAISED IN CRAFT LODGE | |
| No. | ON |
| CONSTITUTION <i>(if not English)</i> | |
| 12. EXALTED IN ROYAL ARCH CHAPTER | |
| No. | ON |
| CONSTITUTION <i>(if not English)</i> | |
| JOINING / RE-JOINING MEMBERS | |
| 13. MMH MEMBERSHIP NUMBER <i>(if known)</i> | |
| 14. MOTHER KT PRECEPTORY | |
| No. | NAME |
| CONSTITUTION <i>(if not English)</i> | |
| DATE OF INSTALLATION | |
| DATE OF LEAVING <i>(if applicable)</i> | |
| REASON FOR LEAVING Resigned, Honorary Member, Tyler, Ceased, Excluded, Warrant forfeited | |
| 15. PRECEPTOR OF KT PRECEPTORY | |
| No. | DATE OF INSTALLATION AS PRECEPTOR |
| 16. PRESENT PROVINCIAL RANK | |
| | DATE |
| 17. PRESENT GREAT RANK | |
| | DATE |
| PLEASE GIVE DETAILS OF ALL THE PERCEPTORIES OF WHICH YOU ARE OR HAVE BEEN A MEMBER OVERLEAF | |
| 18. SIGNATURE OF CANDIDATE | |
| I solemnly and sincerely declare that I profess the Christian Trinitarian faith | |
| 19. SIGNATURE OF PROPOSER | |
| 20. SIGNATURE OF SECONDER | |
| 21. THE CANDIDATE WAS INSTALLED/JOINED/RE-JOINED ON | |
| <i>I hereby certify that the above is a correct record</i> | |
| 22. Candidate approved by the Provincial Prior or in case of an Unattached Preceptory approved by the Grand Master in accordance with rule 104 of the Statutes <i>(Please tick)</i> | |
| 23. NAME OF REGISTRAR (Initials & Surname) | |
| 24. SIGNATURE OF REGISTRAR | |
| | DATED |
| 25. CHEQUE BACS PAYMENT OF DATE BACS PAID BACS REF. | |
| <i>(Please tick as appropriate)</i> If paying by BACS you <u>MUST</u> enclose receipt of payment with this form | |

CANDIDATES MEMBERSHIP DETAILS WITHIN THE ORDER

Please give the numbers of all the Preceptories of which you are or have been a member together with the year of admission and if applicable the date of Installation and/or the date of leaving.

If there is insufficient space please complete the details on a second form (page 2 only) and attach to the first form.

| | | | | | | |
|----------------|---|---------------|----|-----------------|----------------------|--------------|
| PRECEPTORY No. | * | DATE ADMITTED | ** | DATE OF LEAVING | DATE OF INSTALLATION | CONSTITUTION |
| PRECEPTORY No. | * | DATE ADMITTED | ** | DATE OF LEAVING | DATE OF INSTALLATION | CONSTITUTION |
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| PRECEPTORY No. | * | DATE ADMITTED | ** | DATE OF LEAVING | DATE OF INSTALLATION | CONSTITUTION |

* **A**dmitted, **J**oined or **F**ounder **REASON FOR LEAVING: - **R**esigned, **H**onorary Member, **T**yler, **C**eased,
Excluded, **W**arrant forfeited

ADDITIONAL COMMENTS