

MEMBERSHIP APPLICATION FORM

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

Preceptory Registrar: This form must be completed and updated on Keystone Online within fourteen days of the candidate's admission, and then submitted to the Provincial Vice-Chancellor together with the relevant cheque or BACS receipt

Provincial Vice-Chancellor: Ensure the form has been updated on Keystone Online. If paying by cheque forward to The Finance Department, Mark Masons's Hall, 86 St. James's Street London SW1A 1PL, or if paying by BACS email the completed documentation to finance@mmh.org.uk ensuring it is accompanied by a copy of the BACS payment receipt.

1. PRECEPTORY NAME		3. PROVINCE	
2. PRECEPTORY NUMBER			
4. COMPANION			
(Initials)		(Surname)	
5. FORENAMES IN FULL			
6. DECORATIONS AND HONOURS		7. STYLE OR TITLE (e.g. Mr, Sir, Brigadier)	
8. ADDRESS		(i)	
		(ii)	
		(iii)	
		(iv)	
		(v)	
9. DATE OF BIRTH		(vi) POSTCODE	
10. TELEPHONE		HOME	
		WORK	
		MOBILE	
		FAX	
		EMAIL	
PROFESSION (former if retired)			
11. RAISED IN CRAFT LODGE		No.	ON
			CONSTITUTION (if not English)
12. EXALTED IN ROYAL ARCH CHAPTER		No.	ON
			CONSTITUTION (if not English)
JOINING / RE-JOINING MEMBERS			
13. MMH MEMBERSHIP NUMBER		(if known)	
14. MOTHER KT PRECEPTORY		No.	NAME
CONSTITUTION (if not English)			
DATE OF INSTALLATION		DATE OF LEAVING (if applicable)	
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		21(a) type of meeting tick overleaf	
		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	
		(Please tick)	
23. NAME OF REGISTRAR (Initials & Surname)			
24. SIGNATURE OF REGISTRAR		DATED	
25. CHEQUE		BACS	PAYMENT OF
(Please tick as appropriate)			DATE BACS PAID
		BACS REF.	
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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* **A**dmitted, **J**oined or **F**ounder **REASON FOR LEAVING: - **R**esigned, **H**onorary Member, **T**yler, **C**eased, **E**xcluded, **W**arrant forfeited

TYPE OF MEETING

- 21 (a) Regular meeting date
Emergency meeting date
Date moved via Dispensation
Moved due to public holiday

ADDITIONAL COMMENTS

I, the overleaf signatory, hereby consent to the processing of personal data and information supplied in relation to my application by the overleaf named unit of the overleaf named Province/District and the Grand Lodge of Mark Master Masons.

Note: that any data and information supplied will only be divulged to other Masonic Organisations in accordance with the provisions of the Data Protection Notice, available on-line at www.markmasonshall.org/dpn