

MEMBERSHIP APPLICATION FORM

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

Consistory Recorder: This form must to be completed and entered into Keystone Online and sent within fourteen days of admission of the candidate to the Provincial/District Grand Recorder (with cheque/BACS receipt)

Provincial/District Grand Recorder: Check to see if form is updated on Keystone Online and then 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. CONSISTORY NAME		3. PROVINCE/DISTRICT
4. BROTHER	<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. OSM DEGREES	1ST DEGREE ON	CONCLAVE NAME
	2ND DEGREE ON	CONCLAVE No.
JOINING / RE-JOINING MEMBERS		
	12. MMH MEMBERSHIP NUMBER	<i>(if known)</i>
13. MOTHER SC CONSISTORY	No.	NAME
		REASON FOR LEAVING Resigned, Honorary Member, Tyler, Ceased, Excluded, Warrant forfeited
	CONSTITUTION <i>(if not English)</i>	
	DATE RECEIVED	DATE OF LEAVING <i>(if applicable)</i>
14. PRESIDENT OF SC CONSISTORY	No.	DATE OF INSTALLATION AS PRESIDENT
15. PRESENT PROVINCIAL/ DISTRICT GRAND RANK		DATE
16. PRESENT GRAND RANK		DATE
PLEASE GIVE DETAILS OF ALL THE SC CONSISTORIES OF WHICH YOU ARE OR HAVE BEEN A MEMBER OVERLEAF		
17. SIGNATURE OF CANDIDATE		
18. SIGNATURE OF PROPOSER		19. SIGNATURE OF SECONDER
20. THE CANDIDATE WAS RECEIVED/JOINED/RE-JOINED ON		
<i>I hereby certify that the above is a correct record.</i>		
21. NAME OF RECORDER (Initials & Surname)		
22. SIGNATURE OF RECORDER		DATED
23. CHEQUE	BACS	PAYMENT OF
<i>(Please tick as appropriate)</i>		DATE BACS PAID
If paying by BACS you <u>MUST</u> enclose receipt of payment with this form		
		BACS REF.

CANDIDATES MEMBERSHIP DETAILS WITHIN THE ORDER

Please give the numbers of all the Consistories 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.

CONSISTORY No.	*	DATE ADMITTED	**	DATE OF LEAVING	DATE OF INSTALLATION	CONSTITUTION
CONSISTORY 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,
Excluded, **W**arrant forfeited

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