The Grand Council of the Order of the Allied Masonic Degrees of England and Wales and Districts and Councils Overseas

MEMBERSHIP APPLICATION FORM

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

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

District Grand Secretary: 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. COUNCIL NAME
2. COUNCIL NUMBER
3. DISTRICT
4. BROTHER (*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)*
13. ADVANCED IN MARK LODGE No. ON CONSTITUTION *(if not English)*

JOINING / RE-JOINING MEMBERS

14. MMH MEMBERSHIP NUMBER
15. MOTHER AMD COUNCIL No. NAME
CONSTITUTION *(if not English)*
DATE OF ADMISSION
DATE OF LEAVING (*if applicable*)
REASON FOR LEAVING **R**esigned, **H**onorary Member, **T**yler, **C**eased, **E**xcluded, **W**arrant forfeited
16. MASTER OF AMD COUNCIL No. DATE OF INSTALLATION AS MASTER
17. PRESENT DISTRICT GRAND RANK DATE
18. PRESENT GRAND RANK DATE

PLEASE GIVE DETAILS OF ALL THE AMD COUNCILS OF WHICH YOU ARE OR HAVE BEEN A MEMBER OVERLEAF

19. SIGNATURE OF CANDIDATE
20. SIGNATURE OF PROPOSER
21. SIGNATURE OF SECONDER
20. THE CANDIDATE WAS ADMITTED/JOINED/RE-JOINED ON

I hereby certify that the above is a correct record

22. NAME OF SECRETARY (Initials & Surname)
23. SIGNATURE OF SECRETARY DATED

24. **CHEQUE** ◯ **BACS** ◯ **PAYMENT OF** **DATE BACS PAID** **BACS REF.**
(Please tick as appropriate)

If paying by BACS you MUST enclose receipt of payment with this form

CANDIDATES MEMBERSHIP DETAILS WITHIN THE ORDER

Please give the numbers of all the Councils 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.

COUNCIL 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, **E**xcluded, **W**arrant forfeited

ADDITIONAL COMMENTS

I, the overleaf signatory, herby 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