The Order of the Secret Monitor or Brotherhood of David and Jonathan in the British Isles and its Districts and Conclaves Overseas

OSMMem V.1.25

MEMBERSHIP APPLICATION FORM To be completed by the Candidate for Induction, Joining or Re-joining.

Conclave Secretary: 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. CONCLAVE NAME
2. CONCLAVE NUMBER
3. PROVINCE/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*)

JOINING / RE-JOINING MEMBERS

13. MMH MEMBERSHIP NUMBER
14. MOTHER OSM CONCLAVE No. NAME
CONSTITUTION *(if not English)*
DATE OF INDUCTION
DATE OF LEAVING (*if applicable*)
REASON FOR LEAVING **R**esigned, **H**onorary Member, **T**yler, **C**eased, **E**xcluded, **W**arrant forfeited
15. SUPREME RULER OF CONCLAVE No. DATE OF INSTALLATION AS SUPREME RULER
16. PRESENT PROVINCIAL/ DISTRICT GRAND RANK DATE
17. PRESENT GRAND RANK DATE

PLEASE GIVE DETAILS OF ALL THE OSM CONCLAVES OF WHICH YOU ARE OR HAVE BEEN A MEMBER OVERLEAF

18. SIGNATURE OF CANDIDATE
19. SIGNATURE OF PROPOSER
20. SIGNATURE OF SECONDER
21. THE CANDIDATE WAS INDUCTION/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** ◯ *(Please tick as appropriate)* **PAYMENT OF** **DATE BACS PAID** **BACS REF.**

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 Conclaves 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.

CONCLAVE 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