

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>	REASON FOR LEAVING Resigned, Honorary Member, Tyler, Ceased, Excluded, Warrant forfeited
DATE OF INSTALLATION	DATE OF LEAVING <i>(if applicable)</i>
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	22. Candidate approved by the <i>(Please tick)</i> Provincial Prior or in case of an Unattached Preceptory approved by the Grand Master in accordance with rule 104 of the Statutes
<i>I hereby certify that the above is a correct record</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
PRECEPTORY No.	*	DATE ADMITTED	**	DATE OF LEAVING	DATE OF INSTALLATION	CONSTITUTION
PRECEPTORY No.	*	DATE ADMITTED	**	DATE OF LEAVING	DATE OF INSTALLATION	CONSTITUTION
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