

MEMBERSHIP APPLICATION FORM

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

Consistory Recorder: This Form is to be completed and sent within fourteen days of admission of the candidate to the Provincial/District Grand Recorder (with cheque/BACS receipt)

Provincial/District Grand Recorder: 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. CONSISTORY NAME		3. PROVINCE/DISTRICT	
2. CONSISTORY NUMBER			
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
		2ND DEGREE	ON
		CONCLAVE NAME	CONCLAVE No.
		.	.
JOINING / RE-JOINING MEMBERS		12. MMH MEMBERSHIP NUMBER <i>(if known)</i>	
13. MOTHER SC CONSISTORY		No.	NAME
CONSTITUTION <i>(if not English)</i>			REASON FOR LEAVING Resigned, Honorary Member, Tyler, Ceased, Excluded, Warrant forfeited
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	BACS REF.
<i>(Please tick as appropriate)</i>			
			<i>If paying by BACS you MUST enclose receipt of payment with this form</i>

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
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