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 is to be completed and sent within fourteen days of admission of the candidate to the District Grand Secretary (with cheque/BACS receipt)

District Grand Secretary: 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.	COUNCIL NAME								
2.	COUNCIL NUMBER		3. DI	3. DISTRICT					
4.	BROTHER		(Initials)	(Surname)					
5.	FORENAMES IN FULL		(Initials)	(Surrante)					
6.	DECORATIONS AND HONOURS	3	7	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					
	PROFESSION (former if r	EMAIL etired)							
11.	RAISED IN CRAFT LODGE	No.	ON	CONSTITUTION					
12.	EXALTED IN ROYAL ARCH CHAPTER	No.	ON	(if not English) 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)			REASON FOR LEAVING R esigned, H onorary					
	DATE OF ADMISSION		DATE OF LEAV (if applicable)						
16.	MASTER OF AMD COUNCIL	No.	DATE OF	DATE OF INSTALLATION AS MASTER					
17.	PRESENT DISTRICT GRAND RA	NK		DATE					
18.	PRESENT GRAND RANK			DATE					
	PLEASE GIVE DETAILS OF AI	L THE AMI	COUNCILS OF WHICH YOU	ARE OR HAVE BEEN A MEMBER OVERLEAF					
19.	SIGNATURE OF CANDIDATE								
20.	GNATURE OF PROPOSER 21. SIGNATURE OF SECONDER								
20.	. THE CANDIDATE WAS ADMITTED/JOINED/RE-JOINED ON								
22.	I hereby certify that the above is a correct record NAME OF SECRETARY (Initials & Surname)								
	SIGNATURE OF SECRETARY	·		DATED					
24.	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
COUNCIL No.	*	DATE ADMITTED	**	DATE OF LEAVING	DATE OF INSTALLATION	CONSTITUTION
COUNCIL No.	*	DATE ADMITTED	**	DATE OF LEAVING	DATE OF INSTALLATION	CONSTITUTION
COUNCIL No.	*	DATE ADMITTED	**	DATE OF LEAVING	DATE OF INSTALLATION	CONSTITUTION
COUNCIL No.	*	DATE ADMITTED	**	DATE OF LEAVING	DATE OF INSTALLATION	CONSTITUTION

^{*} Admitted, Joined or Founder **REASON FOR LEAVING: - Resigned, Honorary Member, Tyler, Ceased, Excluded, Warrant forfeited

ADDITIONAL COMMENTS