

The United Religious, Military, and Alasonic Orders of the Temple and St. John of Jerusalem, Palestine, Rhodes, and Malta in England and Wales and Provinces Overseas

Provincial Priory of Somerset

MEMBERSHIP APPLICATION

Membership of this Order is an honour and is jealously preserved only for those who are doing good work in Masonry.

As a general guide, a candidate should only be proposed if he has been a Master Mason for three years and 12 months a Companion, but if less the reason for this should be explained on the form. Similarly, if a candidate has not taken office in Lodge/Chapter, the reason for this should also be given.

APPLICATION FOR ADMISSION TO MEMBERSHIP OF THE			PRECEPTORY	
SURNAME:		DATE OF B	IRTH:	
CHRISTIAN NAMES IN FULL:				
ADDRESS:				
POST CODE:	PARTNER/SPOUSE NAME:			
TELEPHONE No.:	e-mail:			
PROFESSION/OCCUPATION: (former occupation if retired)				
CRAFT LODGE MEMBERSHIP	<u>PDETAILS</u> (Name and Number of	every Craft Lodge of which a Memb	per and Office held)	
CRAFT LODGE(S)	NAME	NUMBER	OFFICE HELD	
CKAI LODGE(S)				
DATE RAISED		GRAND/PROVINCIAL RANK		
		(If Any)		
CHAPTER MEMBERSHIP DET		Chapter of which a Member and Of		
CHAPTER(S)	NAME	NUMBER	OFFICE HELD	
DATE EXALTED		GRAND/PROVINCIAL RANK (if any)		
OTHER MASONIC ACTIVITIE	S (with Present Ranks):	(ii aiiy)		
	,	Į	Please continue overleaf if needed	
MMH MEMBERSHIP NO:	NON-MASONIC ACTIVITIES:		<i>y y</i>	
		Į	Please continue overleaf if needed	
I HEREBY DECLARE	THAT I HAVE NOT BEEN REJI	ECTED BY OR EXCLUDED FRO		
CANDIDATES Signature		Date		
PROPOSER Name:		SECONDER Name:		
Signature:		Signature:		
COMMENTS FROM PROPOSER	<u>:</u>			
		I	Please continue overleaf if needed	
PROVINCIAL PRIORS APPRO	OVAL		ite:	

Data Protection: I, the above signed, hereby consent to the processing of personal data and information supplied on this form by the PRECEPTORY and PROVINCIAL PRIORY

THIS SIDE TO BE COMPLETED BY CANDIDATES FOR JOINING AND REJOINING ONLY

Give the names and numbers of all preceptories of you are, and at any-time been, a member and the year of your admission. If joining from another constitution. State preceptory with date of your installation.

NAME AND NUMBER OF PRECEPTORY AND CONSTITUTION	RANK	YEAR OF ADMISSION