

# Supreme Grand Chapter of England Registration Form A

FORM PROVIDED UNDER ROYAL ARCH REGULATIONS 61 AND 69

D.G.C

Application for admission to membership of \_\_\_\_\_ Chapter No \_\_\_\_\_

Meeting at \_\_\_\_\_ District of \_\_\_\_\_

This form (when completed by the Candidate and his Proposer and Seconder) is to be handed to the Scribe E. of the Chapter previous to the Meeting at which the Ballot is to take place. Subsequently it must be forwarded, with the Certificates of the First Principal and the Scribe E. duly signed, to the District Grand Scribe E., together with the current registration fee, if applicable, for onward transmission to the Grand Scribe E.

In accordance with the requirements of Regulations 66 and 67, every candidate for Exaltation or Joining must produce, for inspection by the Scribe E. either his Grand Lodge or Grand Chapter Certificate and Clearance Certificates from all the Lodges or Chapters of which he is or has been a member, as the case may be.

In the case of a candidate who is a member only of a Lodge or Chapter not under the English Constitution, the Certificate of Eligibility previously issued by the Grand Scribe E. in accordance with Regulation 67 shall be attached.

**A** To be filled up by the Candidate, in his own handwriting unless prevented by physical disability (IN BLOCK LETTERS)

Surname \_\_\_\_\_

Forenames **in Full** \_\_\_\_\_

Home Address \_\_\_\_\_

A FULL ADDRESS NOT P.O. BOX NUMBER SHOULD BE GIVEN

Postcode \_\_\_\_\_ Telephone No. \_\_\_\_\_

e-mail address \_\_\_\_\_

Profession/Occupation/Trade/Rank (PLEASE STATE) \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_

## To be filled up by Candidates for EXALTATION ONLY

Give the names and numbers of all the Lodges of which you are or have been a member; the dates of your Initiation and Raising, the rank you hold and number of your Grand Lodge Certificate.

If Initiated in a Lodge under another Jurisdiction and subsequently joining an English Lodge, please give name and number of the English Lodge and number of your English Grand Lodge joining Certificate.

Name and Number of Lodge	Rank	Date of Initiation	If P.M. Year of Mastership

## To be filled up by Candidates for JOINING AND RE-JOINING only

Give the names and numbers of all Chapters of which you are and at any time have been a member, the year of your admission and the rank you hold therein.

If joining from another Grand Chapter, its name must be clearly stated.

Name and Number of Chapter	Rank	Year of Admission	If P.Z. Year when Installed

(TO BE COMPLETED BY CANDIDATES FOR EXALTATION ONLY)

DATE OF RAISING \_\_\_\_\_ †GRAND LODGE CERTIFICATE NO. \_\_\_\_\_ / \_\_\_\_\_

†If the candidate is unable to produce his Grand Lodge Certificate in accordance with Regulation 67, the Chapter must not proceed with the Exaltation until it, or a duplicate, has been produced for inspection by the Scribe E.

**DATA PROTECTION ACT 1998** I, the undersigned, hereby consent to the processing of personal data and information supplied on this Registration Form and in consequence of my membership, and to its use by Supreme Grand Chapter of England and United Grand Lodge of England, any bodies subordinate to them of which I am now or may at any time be or have been a member and for the purposes of any Masonic Charity.

‡ A list of Masonic Charities is available on application to the District Grand Scribe E.

## TO BE SIGNED BY ALL CANDIDATES

Signature \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Please note that certain particulars are required on the reverse of this form

For office use only

**B****Certificates of Proposer and Seconder**

I, the Proposer, declare as follows:-

The Candidate has been personally known to me for

\_\_\_\_\_ years \_\_\_\_\_ months.

To the best of my knowledge, information and belief the statements made by the Candidate on this application form are true and correct: he is a man of good reputation and well fitted to become a member of this Chapter.

Signature of Proposer \_\_\_\_\_

Name (*BLOCK CAPITALS*) \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

I, the Seconder, declare as follows:-

The Candidate has been personally known to me for

\_\_\_\_\_ years \_\_\_\_\_ months.

To the best of my knowledge, information and belief the statements made by the Candidate on this application form are true and correct: he is a man of good reputation and well fitted to become a member of this Chapter.

Signature of Seconder \_\_\_\_\_

Name (*BLOCK CAPITALS*) \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

**C****Certificates of 1st Principal and Scribe E.**

We certify that this application was dealt with in accordance with the provisions of Regulations 66 and 67 and that the candidate

\*was exalted in

\*became a joining member of

\*became a re-joining member of

(\*Please delete where necessary)



this Chapter on \_\_\_\_\_ 20\_\_

If the above named Candidate was Exalted as a Serving Companion in accordance with Regulation 68 please give the date of the Dispensation issued by the Grand Superintendent \_\_\_\_\_

Signature of 1st Principal \_\_\_\_\_ Signature of Scribe E. \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

**To be completed by the Scribe E**

Name of Scribe E: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

e-mail address: \_\_\_\_\_

This space for the use of the Grand Scribe E's office

Certificates	
Date of Issue	

Entd. \_\_\_\_\_

**ABROAD D.G.C.**

Chapter Number: \_\_\_\_\_

Regn. Fee. £ \_\_\_\_\_ :

Total Remittance £ \_\_\_\_\_ :

(BLOCK LETTERS)