

# 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 \_\_\_\_\_

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

## 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) \_\_\_\_\_

A PRECISE DEFINITION OF OCCUPATION OR FORMER OCCUPATION IF RETIRED IS ESSENTIAL. TERMS SUCH AS COMPANY DIRECTOR OR CIVIL SERVANT ARE NOT SUFFICIENTLY DESCRIPTIVE

Employer \_\_\_\_\_

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

To be filled up by Candidates for EXALTATION ONLY				To be filled up by Candidates for JOINING AND RE-JOINING only			
Give the names and numbers of <b>all</b> the Lodges of which you <b>are or have been a member</b> ; the dates of your admission 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.				Give the names and numbers of all Chapters of which you <b>are and at any time have been a member</b> , 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 Lodge	Rank	Date of Admission	Date of leaving*	Name and Number of Chapter	Rank	Year of Admission	Date of leaving*

\* IF NO LONGER A SUBSCRIBING MEMBER

(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.**

<h3>Data Protection</h3> <p><b>Mandatory consent:</b> I have read the Data Protection notice in hard copy or online at <a href="http://www.supremegrandchapter.org.uk/data-protection-notice">www.supremegrandchapter.org.uk/data-protection-notice</a> and I hereby consent to the processing of my personal data for the purposes set out in it.</p> <p><b>Optional charities consent:</b> I am willing for my personal data to be shared with Masonic charities so that they can process it (<i>please tick as applicable</i>):</p> <p><input type="checkbox"/> on receipt of an application for relief, to determine whether I or my relatives are eligible beneficiaries</p> <p><input type="checkbox"/> to enable Masonic charities to contact me with fundraising materials</p>	For office use only
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## TO BE SIGNED BY ALL CANDIDATES

Signature \_\_\_\_\_ Date (DD/MM/YY) \_\_\_\_\_

**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: \_\_\_\_\_

**ABROAD D.G.C.**

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

Regn. Fee. £ \_\_\_\_\_ :

Total Remittance £ \_\_\_\_\_ :

(BLOCK LETTERS)

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

Certificates	
Date of Issue	

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

**For details of fees please see letter of instruction**