

The Great Priory of the United Religious, Military and Masonic
Orders of the Temple and of St. John of Jerusalem, Palestine, Rhodes and Malta
of England and Wales and its Provinces Overseas
MEMBERSHIP APPLICATION FORM

KT

To be Completed by the Candidate for Installation, Joining or Re-joining.

If this form is to be completed in ink use BLOCK CAPITALS and sent within fourteen days of admission of the candidate via the Provincial Vice-Chancellor to:

The Great Vice-Chancellor, The Chancery of the Order, Mark Masons' Hall, 86 St James's Street, London SW1A 1PL

1. PRECEPTORY NAME		3. PROVINCE
2. PRECEPTORY NUMBER		
4. COMPANION	<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	
11. RAISED IN CRAFT LODGE	No.	ON
		CONSTITUTION
		<i>(if not English)</i>
12. EXALTED IN ROYAL ARCH CHAPTER	No.	ON
		CONSTITUTION
		<i>(if not English)</i>
JOINING / RE-JOINING MEMBERS		
	13. MMH MEMBERSHIP NUMBER	<i>(if known)</i>
14. MOTHER KT PRECEPTORY	No.	NAME
	CONSTITUTION <i>(if not English)</i>	REASON FOR LEAVING Resigned, Honorary Member, Tyler, Ceased, Excluded, Warrant forfeited
	DATE OF INSTALLATION	DATE OF LEAVING <i>(if applicable)</i>
15. PRECEPTOR OF KT PRECEPTORY	No.	DATE OF INSTALLATION AS PRECEPTOR
16. PRESENT PROVINCIAL RANK		DATE
17. PRESENT GREAT RANK		DATE
PLEASE GIVE DETAILS OF ALL THE PERCEPTORIES OF WHICH YOU ARE OR HAVE BEEN A MEMBER OVERLEAF		
18. SIGNATURE OF CANDIDATE	I solemnly and sincerely declare that I profess the Christian Trinitarian faith	
19. SIGNATURE OF PROPOSER	20. SIGNATURE OF SECONDER	
21. THE CANDIDATE WAS INSTALLED/JOINED/RE-JOINED ON	22. Candidate approved by the <i>(Please tick)</i> Provincial Prior or in case of an Unattached Preceptory approved by the Grand Master in accordance with rule 104 of the Statutes	
	<i>I hereby certify that the above is a correct record</i>	
23. NAME OF REGISTRAR (Initials & Surname)		
24. SIGNATURE OF REGISTRAR		DATED
25. ENCLOSED IS THE REGISTRATION FEE OF	+ VAT of	TOTAL

CANDIDATES MEMBERSHIP DETAILS WITHIN THE ORDER

Please give the numbers of all the Preceptories 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.

PRECEPTORY No.	*	DATE ADMITTED	**	DATE OF LEAVING	DATE OF INSTALLATION	CONSTITUTION
PRECEPTORY 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