

The Grand Council of the Order of the Allied Masonic Degrees of England and Wales and Districts and Councils Overseas

MEMBERSHIP APPLICATION FORM

AMD

To be Completed by the Candidate for Admission, 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 District Grand Secretary to:
The Grand Secretary, Mark Masons' Hall, 86 St James's Street, London SW1A 1PL

1. COUNCIL NAME	3. DISTRICT
2. COUNCIL NUMBER	
4. BROTHER	
<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>
13. ADVANCED IN MARK LODGE	No. ON CONSTITUTION <i>(if not English)</i>
JOINING / RE-JOINING MEMBERS	
14. MMH MEMBERSHIP NUMBER	
15. MOTHER AMD COUNCIL	No. NAME
CONSTITUTION <i>(if not English)</i>	REASON FOR LEAVING R esigned, H onorary Member, T yer, C eased, E xcluded, W arrant forfeited
DATE OF ADMISSION	DATE OF LEAVING <i>(if applicable)</i>
16. MASTER OF AMD COUNCIL	No. DATE OF INSTALLATION AS MASTER
17. PRESENT DISTRICT GRAND RANK	DATE
18. PRESENT GRAND RANK	DATE
PLEASE GIVE DETAILS OF ALL THE AMD COUNCILS OF WHICH YOU ARE OR HAVE BEEN A MEMBER OVERLEAF	
19. SIGNATURE OF CANDIDATE	
20. SIGNATURE OF PROPOSER	21. SIGNATURE OF SECONDER
20. THE CANDIDATE WAS ADMITTED/JOINED/RE-JOINED ON	
<i>I hereby certify that the above is a correct record</i>	
22. NAME OF SECRETARY (Initials & Surname)	
23. SIGNATURE OF SECRETARY	DATED
24. ENCLOSED IS THE REGISTRATION FEE OF	+ VAT of TOTAL

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
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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