The Grand Imperial Conclave for England and Wales and its Divisions and Conclaves Overseas of the Masonic and Military Order of the Red Cross of Constantine and the Holy Orders of the Holy Sepulchre and of St John the Evangelist

MEMBERSHIP APPLICATION FORM

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

Conclave Recorder: This Form is to be completed and sent within fourteen days of admission of the candidate to the Divisional Recorder (with cheque/BACS receipt)

Divisional Recorder: Please forward with cheque to The Finance Department, Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL, or via email, only if paying by BACS, and accompanied with the BACS receipt to finance@mmh.org.uk

1.	CONCLAVE NAME									
2.	CONCLAVE NUMBER		3.							
4.	COMPANION									
5.	FORENAMES IN FULL		(Initials)	(Suri	name)					
6.	DECORATIONS AND HONO	URS		7. STYLE OR (e.g. Mr, Sir, B						
8.	ADDRESS	(i)								
		(ii)								
		(iii)								
		(iv)								
		(v)								
9.	DATE OF BIRTH			(vi) POST	CODE					
10.	TELEPHONE	HOME		WORK						
		MOBILE		FAX						
	PDOPPOGLOV (6	EMAIL								
11	PROFESSION (form	ver if retired) No.	ON	CON	STITUTION					
	EXALTED IN ROYAL		ON	(Ý	f not English)					
	ARCH CHAPTER	No.	ON		if not English)					
J	OINING / RE-JOINI	NG MEMB	ERS 13.MMH	MEMBERSHIP NUMBER	2	(if known				
14.	MOTHER RCC CONCLAVE	No.	NAM	1E						
	CONSTITUTION (if not English)					N FOR LEAVING ned, H onorary				
	DATE OF INSTALLATION			E OF LEAVING applicable)		er, T yler, C eased, led, W arrant forfeited				
15.	5. SOVEREIGN OF RCC CONCLAVE No. DATE OF ENTHRONMENT AS SOVEREIGN									
16.	PRESENT DIVISIONAL RA	NK			DATE					
17.	PRESENT GRAND RANK				DATE					
	PLEASE GIVE DETAILS O	F ALL THE RC	C CONCLAVES OF W	HICH YOU ARE OR HA	VE BEEN A MEM	BER OVERLEAF				
18.	SIGNATURE OF CANDIDAT	Έ			sincerely declare th stian Trinitarian fa					
19.	SIGNATURE OF PROPOSER	2		20. SIGNATURE OF SECONDER						
21.	THE CANDIDATE WAS INSTALLED/JOINED/RE-JOINED ON I hereby certify that the above is a correct record									
22.	NAME OF RECORDER (Initia	als & Surname)								
23.	SIGNATURE OF RECORDE	CR			DATED					
24.	(Places tick as appropriate)	AYMENT OF If paying by	DATE BACS	S PAID enclose receipt of p	BACS REF.	this form				

CANDIDATES MEMBERSHIP DETAILS WITHIN THE ORDER

Please give the numbers of all the Conclaves 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.

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

^{*} Admitted, Joined or Founder **REASON FOR LEAVING: - Resigned, Honorary Member, Tyler, Ceased, Excluded, Warrant forfeited

ADDITIONAL COMMENTS