The Order of the Secret Monitor or Brotherhood of David and Jonathan in the British Isles and its Districts and Conclaves Overseas MEMBERSHIP APPLICATION FORM

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

This form must be completed using typescript or block letters and sent within fourteen days of admission of the candidate via the Provincial/District Recorder to: The Grand Recorder, Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL

1. CONCLAVE NAME	
2. NUMBER	3. PROVINCE/DISTRICT
4. BROTHER	(Initials)
5. FORENAMES IN FULL	
6. DECORATIONS AND HONOURS	7. STYLE OR TITLE (e.g. Mr, Sir, Brigadier)
8. ADDRESS (i)	
(ii)	
(iii)	
(iv) (v)	
9. DATE OF BIRTH	
10. TELEPHONE HOME	
MOBILE	
E-MAIL	
11. RAISED IN CRAFT LODGE No.	ON CONSTITUTION (if not English)
JOINING / RE-JOINING MEMBERS	
12. MMH MEMBERSHIP NUMBER (if known)	
13. MOTHER OSM CONCLAVE No.	
CONSTITUTION (if not English)	
DATE OF INDUCTION	DATE OF LEAVING
	(<i>if applicable</i>) (<i>if applica</i>
14. SUPREME RULER OF OSM CONCLAVE	No. DATE OF INSTALLATION
15. PRESENT PROVINCIAL / DISTRICT GRAND RANK	
16. PRESENT GRAND RANK	
PLEASE GIVE DETAILS OF ALL THE OSM CONCLAVES OF WHICH YOU ARE OR HAVE BEEN A MEMBER OVERLEAF	
17. SIGNATURE OF CANDIDATE	
18. SIGNATURE OF PROPOSER	19. SIGNATURE OF SECONDER
20. THE CANDIDATE WAS INDUCTED / JOINED / RE-JOINED ON	
I hereby certify that the above is a correct record	
21. NAME OF SECRETARY (Initials & Surname)	
22. SIGNATURE OF SECRETARY	DATED

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orection Act 1996 1, the above signed, hereby consent to the processing of personal data and find mation supplied on this form by the CONCLAVE, FROVINCE and the GRAND CONCLAVE

