

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

## REQUEST FOR DISPENSATION IN RESPECT OF A MASTER ELECT

To be Completed by the Master and Secretary

This form must be completed using typescript or block letters and sent via The District Grand Secretary to:  
The Grand Secretary Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL

**TO THE MOST WORSHIPFUL GRAND MASTER**

*we, the undersigned, being the Master and Secretary of*

1. COUNCIL NAME

2. NUMBER

3. DISTRICT

*respectfully request on behalf of the members of the Council that a Dispensation be granted to enable*

4. BROTHER (Initials & Surname)

5. FORENAMES IN FULL

6. DECORATIONS AND HONOURS

7. STYLE OR TITLE

*(e.g. Mr, Sir, Brigadier)*

8. ADDRESS (i)

(ii)

(iii)

(iv)

(v)

(vi) POSTCODE

*to be Installed as Master of this Council,*

notwithstanding that contrary to the Constitutions and Regulations

*(please tick the appropriate box)*

(i) He has not previously served the office of Warden in a Council of The Order of Allied Masonic Degrees for one complete year, that is from one Installation to the next.

(ii) He is at present Master of another Council of The Order of Allied Masonic Degrees and will still be occupying that office on the date of the Installation Meeting of this Council.

(iii) He has been re-elected to continue as Master of the Council for a third consecutive year.

(iv) For reasons detailed overleaf.

*we are pleased to confirm that Brother* (Initials & Surname)

*was regularly elected as Master for the ensuing year* ON

*and it is considered that it will be in the best interest of the Council and for the good of the Order generally if he is Installed as Master* ON

NAME OF SECRETARY (Initials & Surname)

SIGNATURE OF SECRETARY

NAME OF MASTER (Initials & Surname)

SIGNATURE MASTER

RECOMMENDED BY (Initials & Surname)

SIGNATURE OF DISTRICT GRAND MASTER

DATE

### NOTES

- This petition must reach the Grand Secretary with the appropriate fee at least three weeks before the date of Installation and **MUST** be recommended by the District Grand Master when applicable.
- A Dispensation, if granted, will be sent to the District Grand Secretary.

### OFFICIAL USE ONLY

DISPENSATION No.

FEE RECEIVED £

ANY ADDITIONAL COMMENTS

### CHANGE OF DETAILS

If there have been any changes in respect of the below, please tick the appropriate box, and complete the details.

SECRETARY

TREASURER

#### Secretary / Treasurer / Grand Officer *(delete as necessary)*

|                            |  |  |       |      |                      |                      |                      |                                    |
|----------------------------|--|--|-------|------|----------------------|----------------------|----------------------|------------------------------------|
| 1. INITIALS AND SURNAME    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  | <input type="text"/>   |       |      |                      |                      |                      |                                    |
| 2. FORENAMES IN FULL       | <input type="text"/>   |  |       |      |                      |                      |                      |                                    |
| 3. DECORATIONS AND HONOURS | <input type="text"/>   | 4. STYLE OR TITLE<br><i>(e.g. Mr, Sir, Brigadier)</i> <input type="text"/> |       |      |                      |                      |                      |                                    |
| 5. ADDRESS                 | (i) <input type="text"/>   |  |       |      |                      |                      |                      |                                    |
|                            | (ii) <input type="text"/>  |  |       |      |                      |                      |                      |                                    |
|                            | (iii) <input type="text"/>   |  |       |      |                      |                      |                      |                                    |
|                            | (iv) <input type="text"/>  |  |       |      |                      |                      |                      |                                    |
|                            | (v) <input type="text"/>   |  |       |      |                      |                      |                      |                                    |
| 6. DATE OF BIRTH           | <table border="1"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | DAY  | MONTH | YEAR | <input type="text"/> | <input type="text"/> | <input type="text"/> | (vi) POSTCODE <input type="text"/> |
| DAY                        | MONTH  | YEAR   |       |      |                      |                      |                      |                                    |
| <input type="text"/>       | <input type="text"/>   | <input type="text"/>   |       |      |                      |                      |                      |                                    |
| 7. TELEPHONE               | HOME <input type="text"/>  | WORK <input type="text"/>  |       |      |                      |                      |                      |                                    |
|                            | MOBILE <input type="text"/>  | FAX <input type="text"/>   |       |      |                      |                      |                      |                                    |
|                            | E-MAIL <input type="text"/>  |  |       |      |                      |                      |                      |                                    |