

# Grand Council of the Order of Royal and Select Masters of England and Wales and its Districts and Councils Overseas

## PETITIONER APPLICATION FORM

*To be completed by a Petitioner of a New Council*

This form must be completed using typescript or block letters and sent to the Organising Recorder

1. PROPOSED COUNCIL NAME	<input style="width: 100%;" type="text"/>														
2. MMH MEMBERSHIP NUMBER	<input style="width: 50%;" type="text"/>	<i>(if known)</i>													
3. CURRENT RANK	<input style="width: 100%;" type="text"/>														
4. PETITIONER No.	<input type="checkbox"/> <input type="checkbox"/>	AS SHOWN ON PETITION FORM <i>(to be completed by Organising Recorder)</i>													
5. COMPANION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input style="width: 100%;" type="text"/>													
	<i>(Initials)</i>	<i>(Surname)</i>													
6. FORENAMES IN FULL	<input style="width: 100%;" type="text"/>														
7. DECORATIONS AND HONOURS	<input style="width: 50%;" type="text"/>	8. STYLE OR TITLE	<input style="width: 50%;" type="text"/>												
		<i>(e.g. Mr, Sir, Brigadier)</i>													
9. ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">(i)</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>(ii)</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>(iii)</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>(iv)</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>(v)</td><td><input style="width: 100%;" type="text"/></td></tr> <tr><td>(vi) POSTCODE</td><td><input style="width: 100%;" type="text"/></td></tr> </table>			(i)	<input style="width: 100%;" type="text"/>	(ii)	<input style="width: 100%;" type="text"/>	(iii)	<input style="width: 100%;" type="text"/>	(iv)	<input style="width: 100%;" type="text"/>	(v)	<input style="width: 100%;" type="text"/>	(vi) POSTCODE	<input style="width: 100%;" type="text"/>
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(ii)				<input style="width: 100%;" type="text"/>											
(iii)				<input style="width: 100%;" type="text"/>											
(iv)				<input style="width: 100%;" type="text"/>											
(v)				<input style="width: 100%;" type="text"/>											
(vi) POSTCODE	<input style="width: 100%;" type="text"/>														
10. DATE OF BIRTH	<input style="width: 50%;" type="text"/>														
11. TELEPHONE	HOME <input style="width: 50%;" type="text"/>	WORK <input style="width: 50%;" type="text"/>													
	MOBILE <input style="width: 50%;" type="text"/>	FAX <input style="width: 50%;" type="text"/>													
	EMAIL <input style="width: 100%;" type="text"/>														

Please give the numbers of all R.S.M. 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.

COUNCIL No.	*	DATE ADMITTED	**	DATE OF LEAVING	DATE OF INSTALLATION	CONSTITUTION
<input type="text"/>	<input type="text"/>	<input style="width: 50%;" type="text"/>	<input type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>
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\* Admitted, Joined or Founder

\*\* REASON FOR LEAVING:- Resigned, Honorary Member, Tyler, Ceased, Excluded, Warrant forfeited

**N.B. Supply clearance certificates for all Councils of which you are no longer a subscribing member.**

SIGNATURE OF PETITIONER

**RSM DEGREES**

DATE ADMITTED

COUNCIL NAME

COUNCIL No.

SELECT MASTER

ON

IN

ROYAL MASTER

ON

IN

MOST EXCELLENT MASTER

ON

IN

SUPER EXCELLENT MASTER

ON

IN

CONSTITUTION *(If not English)*

ADDITIONAL INFORMATION