The Ancient and Honourable Fraternity of Royal Ark Mariners

REQUEST FOR DISPENSATION IN RESPECT OF A LODGE

To be Completed by the Commander and Scribe

This form must be completed using typescript or block letters and sent via the Provincial/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 Commander and Scribe of

1. LODGE NAME
2. NUMBER
3. PROVINCE/DISTRICT

respectfully request on behalf of the members of the Lodge that a Dispensation be granted for the following reason(s)

(Please tick appropriate box)

(i) To enable a meeting of the Lodge to be held on
(Which is not a regular meeting date as detailed in the bylaws)

(ii) To enable a meeting of the Lodge to be held at the following place.

(Which is not the venue detailed in the bylaws)

(iii) The Warrant of the Lodge not being available, for the reasons detailed overleaf, the members desire to hold a meeting of the Lodge without the Warrant.

(iv) For reasons detailed overleaf.

NAME OF SCRIBE *(Initials & Surname)*

SIGNATURE OF SCRIBE

NAME OF COMMANDER *(Initials & Surname)*

SIGNATURE OF COMMANDER

RECOMMENDED BY *(Initials & Surname)*

SIGNATURE OF PROVINCIAL/
DISTRICT GRAND MASTER

DATE

NOTES

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

OFFICIAL USE ONLY

DISPENSATION No.

FEE RECEIVED £ •

Please take a photocopy of this form when completed and retain it for your Lodge records

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.

SCRIBE ☐ TREASURER ☐

Scribe / Treasurer *(delete as necessary)*

1. INITIALS AND SURNAME
2. FORENAMES IN FULL
3. DECORATIONS AND HONOURS
4. STYLE OR TITLE *(e.g. Mr, Sir, Brigadier)*
5. ADDRESS
   (i)
   (ii)
   (iii)
   (iv)
   (v)
   (vi) POSTCODE
6. DATE OF BIRTH — DAY | MONTH | YEAR
7. TELEPHONE
   HOME
   WORK
   MOBILE
   FAX
   E-MAIL