

The Ancient and Masonic Order of the Scarlet Cord

PREPARATION CERTIFICATE APPLICATION FORM

To be Completed by the Consistory Recorder

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

1. CONSISTORY NAME	<input style="width: 100%; height: 20px;" type="text"/>								
2. NUMBER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>								
3. PROVINCE / DISTRICT / INSPECTORATE	<input style="width: 100%; height: 20px;" type="text"/>								
PREPARATION CERTIFICATE RECIPIENT									
4. COMPANION	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <i>(Initials)</i>	<input style="width: 100%; height: 20px;" type="text"/> <i>(Surname)</i>							
5. FORENAMES IN FULL	<input style="width: 100%; height: 20px;" type="text"/>								
6. MMH MEMBERSHIP NUMBER <i>(if known)</i>	<input style="width: 100%; height: 20px;" type="text"/>								
7. DATE OF PREPARATION	ON	DATE RECEIVED <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>							
8. CERTIFICATE FEE ENCLOSED	£	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	+VAT £						
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	TOTAL						
9. NAME OF RECORDER <i>(Initials & Surname)</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>							
10. SIGNATURE OF RECORDER	<input style="width: 100%; height: 40px;" type="text"/>		DATED <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">DAY</td> <td style="width: 20px; text-align: center;">MONTH</td> <td style="width: 20px; text-align: center;">YEAR</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	DAY	MONTH	YEAR			
DAY	MONTH	YEAR							

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