

The Ancient and Honourable Fraternity of Royal Ark Mariner

MEMBERSHIP APPLICATION FORM

RAM

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

If this form is to be completed in ink use BLOCK CAPITALS and sent within fourteen days of admission of the candidate via the Provincial/District Grand Secretary to:
The Grand Secretary, Mark Masons' Hall, 86 St James's Street, London SW1A 1PL

1. LODGE NAME	<input style="width:100%;" type="text"/>		
2. LODGE NUMBER	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	3. PROVINCE/DISTRICT	<input style="width:100%;" type="text"/>
4. BROTHER	<input style="width:100px;" type="text"/> <i>(Initials)</i>	<input style="width:100px;" type="text"/> <i>(Surname)</i>	
5. FORENAMES IN FULL	<input style="width:100%;" type="text"/>		
6. DECORATIONS AND HONOURS	<input style="width:100px;" type="text"/>	7. STYLE OR TITLE <i>(e.g. Mr, Sir, Brigadier)</i>	<input style="width:100px;" type="text"/>
8. ADDRESS	(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"/>	
9. DATE OF BIRTH	<input style="width:100px;" type="text"/>	(vi) POSTCODE	<input style="width:100px;" type="text"/>
10. TELEPHONE	HOME	<input style="width:100px;" type="text"/>	WORK <input style="width:100px;" type="text"/>
	MOBILE	<input style="width:100px;" type="text"/>	FAX <input style="width:100px;" type="text"/>
	EMAIL	<input style="width:100%;" type="text"/>	
11. ADVANCED IN MARK LODGE	No. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	ON	<input style="width:100px;" type="text"/>
		CONSTITUTION <i>(if not English)</i>	<input style="width:100px;" type="text"/>

JOINING / RE-JOINING MEMBERS

12. MMH MEMBERSHIP NUMBER

(if known)

13. MOTHER RAM LODGE	No. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	NAME	<input style="width:100%;" type="text"/>
CONSTITUTION <i>(if not English)</i>	<input style="width:100px;" type="text"/>	REASON FOR LEAVING Resigned, Honorary Member, Tyler, Ceased, Excluded, Warrant forfeited	<input style="width:20px;" type="checkbox"/>
DATE OF ELEVATION	<input style="width:100px;" type="text"/>	DATE OF LEAVING <i>(if applicable)</i>	<input style="width:100px;" type="text"/>
14. PAST COMMANDER OF RAM LODGE	No. <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	DATE OF INSTALLATION AS COMMANDER	<input style="width:100px;" type="text"/>
15. PROVINCIAL/DISTRICT RAM GRAND RANK <i>(please tick appropriate box)</i>	YES <input type="radio"/>	NO <input type="radio"/>	
16. RAM GRAND RANK <i>(Please tick appropriate box)</i>	YES <input type="radio"/>	NO <input type="radio"/>	

PLEASE GIVE DETAILS OF ALL THE RAM LODGES OF WHICH YOU ARE OR HAVE BEEN A MEMBER OVERLEAF

17. SIGNATURE OF CANDIDATE	<input style="width:100%;" type="text"/>		
18. SIGNATURE OF PROPOSER	<input style="width:100px;" type="text"/>	19. SIGNATURE OF SECONDER	<input style="width:100px;" type="text"/>
20. THE CANDIDATE WAS ELEVATED/JOINED/RE-JOINED ON	<input style="width:100%;" type="text"/>		
<i>I hereby certify that the above is a correct record.</i>			
21. NAME OF SCRIBE (Initials & Surname)	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>	
22. SIGNATURE OF SCRIBE	<input style="width:100px;" type="text"/>	DATED	<input style="width:100px;" type="text"/>

24. ENCLOSED IS THE REGISTRATION FEE OF	<input style="width:100px;" type="text"/>	+ VAT of	<input style="width:100px;" type="text"/>	TOTAL	<input style="width:100px;" type="text"/>
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CANDIDATES MEMBERSHIP DETAILS WITHIN THE ORDER

Please give the numbers of all the RAM Lodges 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.

If there is insufficient space please complete the details on a second form (page 2 only) and attach to the first form.

LODGE No.	*	DATE ADMITTED	**	DATE OF LEAVING	DATE OF INSTALLATION	CONSTITUTION
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

* **A**dmitted, **J**oined or **F**ounder **REASON FOR LEAVING: - **R**esigned, **H**onorary Member, **T** Tyler, **C**eased, **E**xcluded, **W**arrant forfeited

ADDITIONAL COMMENTS