

OSMMem V.1.26

**The Order of the Secret Monitor or Brotherhood of David and Jonathan  
in the British Isles and its Districts and Conclaves Overseas**

**MEMBERSHIP APPLICATION FORM To  
be completed by the Candidate for Induction, Joining or Re-joining.**

**Conclave Secretary:** This form must be completed and updated on Keystone Online within fourteen days of the candidate's admission, and then submitted to the Provincial/  
District Grand Recorder together with the relevant cheque or BACS receipt

**Provincial/District Grand Recorder:** Ensure the form has been updated on Keystone Online. If paying by cheque forward to The Finance Department, Mark Masons's Hall, 86 St. James's Street  
London SW1A 1PL, or if paying by BACS email the completed documentation to [finance@mmh.org.uk](mailto:finance@mmh.org.uk) ensuring it is accompanied by a copy of the BACS payment receipt.

|                                                                                                                                                                                              |  |                                                                                                                     |                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 1. CONCLAVE NAME                                                                                                                                                                             |  |                                                                                                                     |                                            |
| 2. CONCLAVE NUMBER                                                                                                                                                                           |  | 3. PROVINCE/DISTRICT                                                                                                |                                            |
| 4. BROTHER<br><div style="display: flex; justify-content: space-between;"><div>(Initials)</div><div>(Surname)</div></div>                                                                    |  |                                                                                                                     |                                            |
| 5. FORENAMES IN FULL                                                                                                                                                                         |  |                                                                                                                     |                                            |
| 6. DECORATIONS AND HONOURS                                                                                                                                                                   |  | 7. STYLE OR TITLE<br><i>(e.g. Mr, Sir, Brigadier)</i>                                                               |                                            |
| 8. ADDRESS<br>(i)<br>(ii)<br>(iii)<br>(iv)<br>(v)                                                                                                                                            |  |                                                                                                                     |                                            |
| 9. DATE OF BIRTH                                                                                                                                                                             |  | (vi) POSTCODE                                                                                                       |                                            |
| 10. TELEPHONE                                                                                                                                                                                |  | HOME WORK                                                                                                           |                                            |
|                                                                                                                                                                                              |  | MOBILE FAX                                                                                                          |                                            |
|                                                                                                                                                                                              |  | EMAIL                                                                                                               |                                            |
| PROFESSION <i>(former if retired)</i>                                                                                                                                                        |  |                                                                                                                     |                                            |
| 11. RAISED IN CRAFT LODGE                                                                                                                                                                    |  | No.                                                                                                                 | ON CONSTITUTION<br><i>(if not English)</i> |
| <b>JOINING / RE-JOINING MEMBERS</b>                                                                                                                                                          |  |                                                                                                                     |                                            |
|                                                                                                                                                                                              |  | 13. MMH MEMBERSHIP NUMBER                                                                                           |                                            |
| 14. MOTHER OSM CONCLAVE                                                                                                                                                                      |  | No.                                                                                                                 | NAME                                       |
| CONSTITUTION <i>(if not English)</i>                                                                                                                                                         |  | REASON FOR LEAVING<br><b>Resigned, Honorary<br/>Member, Tyler, Ceased,<br/>Excluded, Warrant<br/>forfeited</b>      |                                            |
| DATE OF INDUCTION                                                                                                                                                                            |  | DATE OF LEAVING<br><i>(if applicable)</i>                                                                           |                                            |
| 15. SUPREME RULER OF CONCLAVE                                                                                                                                                                |  | No.                                                                                                                 | DATE OF INSTALLATION AS SUPREME RULER      |
| 16. PRESENT PROVINCIAL/<br>DISTRICT GRAND RANK                                                                                                                                               |  | DATE                                                                                                                |                                            |
| 17. PRESENT GRAND RANK                                                                                                                                                                       |  | DATE                                                                                                                |                                            |
| <b>PLEASE GIVE DETAILS OF ALL THE OSM CONCLAVES OF WHICH YOU ARE OR HAVE BEEN A MEMBER OVERLEAF</b>                                                                                          |  |                                                                                                                     |                                            |
| 18. SIGNATURE OF CANDIDATE                                                                                                                                                                   |  | 20. SIGNATURE OF<br>SECONDER                                                                                        |                                            |
| 19. SIGNATURE OF PROPOSER                                                                                                                                                                    |  | 21 (a) Regular meeting date<br>Emergency meeting date<br>Date moved via Dispensation<br>Moved due to public holiday |                                            |
| 21. THE CANDIDATE WAS INDUCTION/JOINED/RE-JOINED ON                                                                                                                                          |  |                                                                                                                     |                                            |
| <i>I hereby certify that the above is a correct record</i>                                                                                                                                   |  |                                                                                                                     |                                            |
| 22. NAME OF SECRETARY (Initials & Surname)                                                                                                                                                   |  |                                                                                                                     |                                            |
| 23. SIGNATURE OF SECRETARY                                                                                                                                                                   |  | DATED                                                                                                               |                                            |
| 24. <b>CHEQUE    BACS    PAYMENT OF    DATE BACS PAID    BACS REF.</b><br><i>(Please tick as appropriate)    If paying by BACS you <u>MUST</u> enclose receipt of payment with this form</i> |  |                                                                                                                     |                                            |

## CANDIDATES MEMBERSHIP DETAILS WITHIN THE ORDER

Please give the numbers of all the Conclaves 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.

|              |   |               |    |                 |                      |              |
|--------------|---|---------------|----|-----------------|----------------------|--------------|
| CONCLAVE No. | * | DATE ADMITTED | ** | DATE OF LEAVING | DATE OF INSTALLATION | CONSTITUTION |
| CONCLAVE No. | * | DATE ADMITTED | ** | DATE OF LEAVING | DATE OF INSTALLATION | CONSTITUTION |
| CONCLAVE No. | * | DATE ADMITTED | ** | DATE OF LEAVING | DATE OF INSTALLATION | CONSTITUTION |
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| CONCLAVE No. | * | DATE ADMITTED | ** | DATE OF LEAVING | DATE OF INSTALLATION | CONSTITUTION |

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

ADDITIONAL COMMENTS

I, the overleaf signatory, hereby consent to the processing of personal data and information supplied in relation to my application by the overleaf named unit of the overleaf named Province/District and the Grand Lodge of Mark Master Masons.  
Note: that any data and information supplied will only be divulged to other Masonic Organisations in accordance with the provisions of the Data Protection Notice, available on-line at [www.markmasonshall.org/dpn](http://www.markmasonshall.org/dpn)