

Grand Conclave of the Order of the Secret Monitor, or Brotherhood of David and Jonathan, in the British Isles and in Territories Overseas

INSTALLATION RETURN

This form must be completed using typewritten or block letters and sent via the Provincial / District Grand Recorder to:
The Grand Recorder, Mark Masons' Hall, 86 St. James's Street, London, SW1A 1PL immediately after the Installation of the Supreme Ruler.

1. CONCLAVE NAME	<input style="width: 95%;" type="text"/>	2. No.	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>						
3. PROVINCE/DISTRICT	<input style="width: 95%;" type="text"/>								
4. SUPREME RULER	BROTHER <input type="checkbox"/> <i>(Initials & Surname)</i> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 95%;" type="text"/>							
5. FORENAMES IN FULL	<input style="width: 95%;" type="text"/>								
6. DECORATIONS AND HONOURS	<input style="width: 25%;" type="text"/>	7. STYLE OR TITLE <i>(e.g. Mr, Sir, Brigadier)</i>	<input style="width: 45%;" type="text"/>						
8. RESIDING AT	(i)	<input style="width: 95%;" type="text"/>							
	(ii)								
	(iii)								
	(iv)								
	(v)								
	(vi) POSTCODE	<input style="width: 45%;" type="text"/>							
HAVING BEEN REGULARLY ELECTED <i>(complete one of the following)</i>									
9a. WAS INVESTED AS COUNSELLOR/GUIDE* and served in the office for a full year, from one installation to the next <small>* (Delete as applicable)</small>	IN CONCLAVE NUMBER	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	ON <table border="1" style="display: inline-table; text-align: center;"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td></tr></table>	DAY	MONTH	YEAR	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>
DAY	MONTH	YEAR							
<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>							
9b. OR WAS PREVIOUSLY INSTALLED AS SUPREME RULER	IN CONCLAVE NUMBER	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	ON <table border="1" style="display: inline-table; text-align: center;"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td></tr></table>	DAY	MONTH	YEAR	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>
DAY	MONTH	YEAR							
<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>							
9c. OR	DISPENSATION NUMBER	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	BEING ISSUED ON <table border="1" style="display: inline-table; text-align: center;"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td></tr></table>	DAY	MONTH	YEAR	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>
DAY	MONTH	YEAR							
<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>							
AND WAS DULY INSTALLED SUPREME RULER OF THE ABOVE CONCLAVE ON <table border="1" style="display: inline-table; text-align: center;"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td></tr></table>				DAY	MONTH	YEAR	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>
DAY	MONTH	YEAR							
<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>							
10. COUNSELLOR	BROTHER <input type="checkbox"/> <i>(Initials & Surname)</i> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 95%;" type="text"/>							
11. FORENAMES IN FULL	<input style="width: 95%;" type="text"/>								
12.	WAS APPOINTED COUNSELLOR AND INVESTED ON		<table border="1" style="display: inline-table; text-align: center;"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td></tr></table>	DAY	MONTH	YEAR	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>
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<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>							
13. GUIDE	BROTHER <input type="checkbox"/> <i>(Initials & Surname)</i> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 95%;" type="text"/>							
14. FORENAMES IN FULL	<input style="width: 95%;" type="text"/>								
15.	WAS APPOINTED GUIDE AND INVESTED ON		<table border="1" style="display: inline-table; text-align: center;"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td></tr></table>	DAY	MONTH	YEAR	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>
DAY	MONTH	YEAR							
<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>							
CERTIFICATE OF COMMISSIONING OFFICER									
16. NAME OF COMMISSIONING OFFICER <small>(Forenames in Full)</small>	<input style="width: 95%;" type="text"/>								
17. HOLDING THE RANK	<input style="width: 25%;" type="text"/>	SIGNATURE	<input style="width: 45%;" type="text"/>						
Hereby certify that the Brother denoted above was duly commissioned by me as a Supreme Ruler within the Order in the presence of not fewer than 3 Supreme Rulers, including myself.									
If there have been any changes in respect of the below, please tick the appropriate box, and complete the details overleaf.									
	SECRETARY <input type="checkbox"/>	TREASURER <input type="checkbox"/>	GRAND OFFICER(S) <input type="checkbox"/>						
18. NAME OF SECRETARY <small>(Initials & Surname)</small>	<input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>	<input style="width: 95%;" type="text"/>							
19. SIGNATURE OF SECRETARY	<input style="width: 95%;" type="text"/>		DATED <table border="1" style="display: inline-table; text-align: center;"><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td><td><input style="width: 15px; height: 15px;" type="text"/></td></tr></table>	DAY	MONTH	YEAR	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>
DAY	MONTH	YEAR							
<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>							
I hereby certify that the above is a correct return and enclose the appropriate Registration Fee									

CHANGE OF DETAILS

Secretary / Treasurer / Grand Officer *(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
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. TELEPHONE

HOME WORK

MOBILE FAX

E-MAIL

Secretary / Treasurer / Grand Officer *(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
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. TELEPHONE

HOME WORK

MOBILE FAX

E-MAIL

GRAND OFFICER

1. INITIALS AND SURNAME

2. DATE OF RESIGNATION / DEATH / HONORARY / EXCLUSION *(delete as necessary)*

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. GRAND RANK

GRAND OFFICER

1. INITIALS AND SURNAME

2. DATE OF RESIGNATION / DEATH / HONORARY / EXCLUSION *(delete as necessary)*

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. GRAND RANK