Supreme Grand Chapter of Africa FORM PROVIDED UNDER ROYAL ARCH REGULATIONS 61 AND 69

Registration Form A D.G.C.

Application for admission to membership of						Chapter No			
Meeting at									
This form (when completed by the previous to the Meeting at which the Principal and the Scribe E. duly sign onward transmission to the Grand In accordance with the requirement inspection by the Scribe E. either he Chapters of which he is or has been the case of a candidate who is Eligibility previously issued by the	ne Ballo Ined, to d Scrib ents of is Gran en a me a mem	ot is to take the District e E. Regulation d Lodge of ember, as to ber only of	e place. Sub ct Grand Scr ns 66 and 6 r Grand Cha the case ma f a Lodge or	sequently it must be forwarded, with the current red 7, every candidate for Exaltation apter Certificate and Clearance Certify be.	ith the C gistration or Joinin tificates	ertificates n fee, if app ng must p from all the	of the First plicable, for roduce, for e Lodges or		
A To be filled up by the Cand	didate,	in his ow	n handwriti	ing unless prevented by physica	ıl disabi	lity (IN BLO	CK LETTERS)		
Surname	Irname Date of Birth (DD/MM/YYYY)								
Forenames in Full									
Home Address	DE CIVEN	.I							
A FULL ADDRESS NOT P.O. BOX NUMBER SHOULD	BE GIVEN	<u>v</u>							
Postcode			Telephone	No.					
e-mail address									
Profession/Occupation/Trade/Ra A PRECISE DEFINITION OF OCCUPATION OR FORME				TERMS SUCH AS COMPANY DIRECTOR OR CIVIL SEF	RVANT ARE N	IOT SUFFICIENT	LY DESCRIPTIVE		
Employer									
Business Address									
To be filled up by Candidates for EXALTATION ONLY Give the names and numbers of all the Lodges of which you are or have been a member; the dates of your admission and Raising, the rank you hold and number of your Grand Lodge Certificate. If Initiated in a Lodge under another Jurisdiction and subsequently joining an English Lodge, please give name and number of the English Lodge and number of your English Grand Lodge joining Certificate.				To be filled up by Candidates for JOINING AND RE-JOINING only Give the names and numbers of all Chapters of which you are and at any time have been a member, the year of your admission and the rank you hold therein. If joining from another Grand Chapter, its name must be clearly stated.					
Name and Number of Lodge	Rank	Date of Admission	Date of leaving*	Name and Number of Chapter	Rank	Year of Admission	Date of leaving*		
		(TO BE COMPL	ETED BY CANDI	* IF NO LONGER A SUBSCRIBING MEMBER DATES FOR EXALTATION ONLY)					
DATE OF RAISING				†GRAND LODGE CERTIFICATE NO. /					
†If the candidate is unable to produ with the Exaltation until it, or a du					the Chap	oter must n	ot proceed		
Data Protection	Jiicate,	nas been	produced ic	Inspection by the actibe E.	For office	use only			
Mandatory consent: I have re www.supremegrandchapter.org.uk/my personal data for the purposes	data-pr	otection-no			T OF OTHICE	use only			
Optional charities consent: I am so that they can process it (please				oe shared with Masonic charities					
on receipt of an application for beneficiaries	or relief	f, to deterr	mine whethe	er I or my relatives are eligible					
to enable Masonic charities to	contact	me with fu	ındraising m	aterials					
TO BE SIGNED BY ALL CANDIDA	<u>TES</u>								
Signature				Date (DD/N	ım/yy)				

Certificates of Proposer and Seconder

I, the Proposer, declare as follows:- The Candidate has been personally known to	me for	I, the Seconder, declare as follows:- The Candidate has been personally known to me for					
yearsmonth	ns.	yearsmonths.					
To the best of my knowledge, information and made by the Candidate on this application for he is a man of good reputation and well fitted of this Chapter.	n are true and correct:	To the best of my knowledge, information and belief the statements made by the Candidate on this application form are true and correct: he is a man of good reputation and well fitted to become a member of this Chapter.					
Signature of Proposer		Signature of Se	econder				
Name (BLOCK CAPITALS)		Name (BLOCK CAI	PITALS)				
Dated thisday of	20	Dated this	day of		20		
C	Certificates of 1st	Principal and	Scribe E.				
We certify that this application was dealt with i	n accordance with the p	provisions of Reg	Julations 66 and 67 and	d that the can	didate		
*was exalted in							
*became a joining member of this	s Chapter on		20				
*became a re-joining member of							
(*Please delete where necessary)							
If the above named Candidate was Exalted Dispensation issued by the Grand Superinte			_	3 please give	the date of the		
Signature of 1st Principal		Signature of So	cribe E				
Dated thisday of	20	Dated thisday of20					
	To be completed	d by the Scrib	<u>e E</u>				
Name of Scribe E:							
Address:			ABROAD	D.G.C.			
	Chapter Number:						
Postcode: Telephone No. (Home) (Work)		- <u> </u>					
Telephone No. (Home)		Regn. Fee.	£	<u>:</u>			
(Work)		Total					
e-mail address:			Remittance	£	:		
This space for the use of the Grand Scribe E's	office		-				
This space for the use of the Gland Scribe E.S.	Onice			ils of fees p			
Certificates			see lett	er of instruc	<u> zuon</u>		
Date of Issue							

Entd. _