

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.

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

1. CONCLAVE NAME	<input style="width: 100%;" type="text"/>		
2. 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: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <i>(Initials)</i>	<input style="width: 100%;" type="text"/> <i>(Surname)</i>	
5. FORENAMES IN FULL	<input style="width: 100%;" type="text"/>		
6. DECORATIONS AND HONOURS	<input style="width: 100%;" type="text"/>	7. STYLE OR TITLE <i>(e.g. Mr, Sir, Brigadier)</i>	<input style="width: 100%;" 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: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	(vi) POSTCODE	<input style="width: 100%;" type="text"/>
10. TELEPHONE	HOME <input style="width: 100%;" type="text"/>	WORK	<input style="width: 100%;" type="text"/>
	MOBILE <input style="width: 100%;" type="text"/>	FAX	<input style="width: 100%;" type="text"/>
	E-MAIL <input style="width: 100%;" type="text"/>		
11. RAISED IN CRAFT 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: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	CONSTITUTION <i>(if not English)</i>		<input style="width: 100%;" type="text"/>
<b>JOINING / RE-JOINING MEMBERS</b>			
	12. MMH MEMBERSHIP NUMBER	<input style="width: 100%;" type="text"/>	<i>(if known)</i>
13. MOTHER OSM CONCLAVE 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: 100%;" type="text"/>
DATE OF INDUCTION	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <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 LEAVING <i>(if applicable)</i>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	REASON FOR LEAVING Resigned, Honorary Member, Sentinel, Ceased, Excluded, Warrant forfeited <input style="width: 20px;" type="text"/>		
14. SUPREME RULER OF OSM CONCLAVE	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	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
15. PRESENT PROVINCIAL / DISTRICT GRAND RANK	<input style="width: 100%;" type="text"/>	DATE	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
16. PRESENT GRAND RANK	<input style="width: 100%;" type="text"/>	DATE	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
PLEASE GIVE DETAILS OF ALL THE OSM CONCLAVES 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: 100%;" type="text"/>	19. SIGNATURE OF SECONDER	<input style="width: 100%;" type="text"/>
20. THE CANDIDATE WAS INDUCTED / JOINED / RE-JOINED ON	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		
I hereby certify that the above is a correct record			
21. NAME OF SECRETARY <i>(Initials &amp; Surname)</i>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>	
22. SIGNATURE OF SECRETARY	<input style="width: 100%;" type="text"/>	DATED	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
23. Enclosed is the Registration Fee of £	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	REGF05 + VAT of £	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	VATOUTPUT A Total Fee of £		<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
			GFDAR