

OFFICE USE:
Reg:
GLMMM:
MSS:

Grand Council of the Order of Royal and Select Masters of England and Wales and its Districts and Councils Overseas

INSTALLATION RETURN

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

1. COUNCIL NAME	<input type="text"/>																																																																							
2. NUMBER	<input type="text"/>																																																																							
3. DISTRICT	<input type="text"/>																																																																							
4. MASTER	COMPANION <i>(Initials & Surname)</i>	<input type="text"/>																																																																						
5. FORENAMES IN FULL	<input type="text"/>																																																																							
6. DECORATIONS AND HONOURS	<input type="text"/>																																			7. STYLE OR TITLE <i>(e.g. Mr, Sir, Brigadier)</i>	<input type="text"/>																																			
8. RESIDING AT	(i)	<input type="text"/>																																																																						
	(ii)	<input type="text"/>																																																																						
	(iii)	<input type="text"/>																																																																						
	(iv)	<input type="text"/>																																																																						
	(v)	<input type="text"/>																																																																						
	(vi) POSTCODE	<input type="text"/>																																																																						
HAVING BEEN REGULARLY ELECTED <i>(complete one of the following)</i>																																																																								
9a. WAS INVESTED AS DEPUTY MASTER/ PRINCIPAL CONDUCTOR OF THE WORK and served in the office for a full year, from one installation to the next <i>* (Delete as applicable)</i>	IN COUNCIL NUMBER	<input type="text"/>				ON	DAY	MONTH	YEAR	<input type="text"/>																																																														
9b. OR WAS PREVIOUSLY INSTALLED AS MASTER	IN COUNCIL NUMBER	<input type="text"/>				ON	DAY	MONTH	YEAR	<input type="text"/>																																																														
9c. OR	DISPENSATION NUMBER	<input type="text"/>				BEING ISSUED ON	DAY	MONTH	YEAR	<input type="text"/>																																																														
9d. AND WAS DULY INSTALLED MASTER OF THE ABOVE COUNCIL ON	DAY	MONTH	YEAR	<input type="text"/>																																																																				
10. DEPUTY MASTER	COMPANION <i>(Initials & Surname)</i>	<input type="text"/>																																																																						
11. FORENAMES IN FULL	<input type="text"/>																																																																							
12.	WAS APPOINTED DEPUTY MASTER AND INVESTED ON	DAY	MONTH	YEAR	<input type="text"/>																																																																			
13. PRINCIPAL CONDUCTOR OF THE WORK	COMPANION <i>(Initials & Surname)</i>	<input type="text"/>																																																																						
14. FORENAMES IN FULL	<input type="text"/>																																																																							
15.	WAS APPOINTED PRINCIPAL CONDUCTOR OF THE WORK AND INVESTED ON	DAY	MONTH	YEAR	<input type="text"/>																																																																			
If there have been any changes in respect of the below, please tick the appropriate box, and complete the details overleaf.																																																																								
	RECORDER	<input type="checkbox"/>	TREASURER	<input type="checkbox"/>	GRAND OFFICER(S)	<input type="checkbox"/>																																																																		
16. SIGNATURE OF RECORDER	<input type="text"/>						DATED	DAY	MONTH	YEAR	<input type="text"/>																																																													
17. NAME OF RECORDER <i>(Initials & Surname)</i>	<input type="text"/>																																																																							
I hereby certify that the above is a correct return																																																																								

Please take a photocopy of this form when completed and retain it for your Council records

CHANGE OF DETAILS

Recorder / 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)

6. DATE OF BIRTH DAY MONTH YEAR (vi) POSTCODE

7. TELEPHONE HOME WORK
MOBILE FAX
E-MAIL

Recorder / 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)

6. DATE OF BIRTH DAY MONTH YEAR (vi) POSTCODE

7. TELEPHONE HOME WORK
MOBILE FAX
E-MAIL

GRAND OFFICER

1. INITIALS AND SURNAME

2. DATE OF RESIGNATION / DEATH / HONORARY / EXCLUSION DAY MONTH YEAR
(delete as necessary)

3. GRAND RANK

GRAND OFFICER

1. INITIALS AND SURNAME

2. DATE OF RESIGNATION / DEATH / HONORARY / EXCLUSION DAY MONTH YEAR
(delete as necessary)

3. GRAND RANK