

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

2. NUMBER

3. DISTRICT

4. MASTER COMPANION

5. FORENAMES IN FULL

6. DECORATIONS AND HONOURS 7. STYLE OR TITLE

7. (e.g. Mr, Sir, Brigadier)

8. RESIDING AT

(i)

(ii)

(iii)

(iv)

(v)

(vi) POSTCODE

HAVING BEEN REGULARLY ELECTED (complete one of the following)

9a. WAS INVESTED AS DEPUTY MASTER/
PRINCIPAL CONDUCTOR OF THE WORK IN COUNCIL NUMBER ON

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

and served in the office for a full year, from one installation to the next
* (Delete as applicable)

9b. OR WAS PREVIOUSLY INSTALLED AS MASTER IN COUNCIL NUMBER ON

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

9c. OR DISPENSATION NUMBER BEING ISSUED ON

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

9d. AND WAS DULY INSTALLED MASTER OF THE ABOVE COUNCIL ON

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

10. DEPUTY MASTER COMPANION

11. FORENAMES IN FULL

12. WAS APPOINTED DEPUTY MASTER AND INVESTED ON

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

13. PRINCIPAL CONDUCTOR OF THE WORK COMPANION

14. FORENAMES IN FULL

15. WAS APPOINTED PRINCIPAL CONDUCTOR OF THE WORK AND INVESTED ON

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<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 TREASURER GRAND OFFICER(S)

16. SIGNATURE OF RECORDER DATED

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

17. NAME OF RECORDER (Initials & Surname)

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