

SUPREME COUNCIL 33° FOR ENGLAND AND WALES

Application to become a Joining/Rejoining Member

DISTRICT/GROUP: _____

CHAPTER NAME: _____

CHAPTER No: _____

PART A: (To be completed in CAPITAL LETTERS)

TITLE (*Mr, etc.*): _____

SURNAME: _____

FORENAMES: _____

POSTNOMINALS (*Honours, decorations, etc.*): _____

POSTAL ADDRESS: _____

Postcode: _____

CONTACT DETAILS:

Telephone

Home: _____

Work: _____

Mobile: _____

Email address: _____

DATE of BIRTH (*dd/mm/yyyy*): _____

OCCUPATION: _____

RELIGION (*answer optional - for statistical use only*): _____

BUSINESS ADDRESS (*in full*): _____

I was Perfected in Chapter: NAME: _____

No: _____

Perfection date (*dd/mm/yyyy*): _____

Enthronement date if applicable (*dd/mm/yyyy*): _____

Details of ALL Chapters Rose Croix of which I am or have been a member:

Name: _____

No: _____

Constitution: _____

Higher Degrees and dates conferred:

30° on: _____

31° on: _____

32° on: _____

DATA PROTECTION

I, the undersigned, hereby confirm that I have received and read a copy of the Data Protection Notice and consent to the processing of my personal data for the purposes set out in it.

I declare the particulars entered on this Form are correct.

Candidate's signature: _____

Date: _____

CONTINUE OVER →

PART B: To be completed by PROPOSER and SECONDER

WE SUPPORT THIS APPLICATION

Proposer Surname: _____ Forenames: _____

Signature: _____ Degree: _____

Seconder Surname: _____ Forenames: _____

Signature: _____ Degree: _____

PART C: To be completed by the CHAPTER RECORDER

Date joined (*dd/mm/yyyy*): _____

Place (*Town*): _____

I have checked the Candidate's Rose Croix Certificate.

I have checked the Candidate's clearance certificates from all Chapters Rose Croix listed in PART A.

Signed: _____ Chapter Recorder

Date (*dd/mm/yyyy*): _____

Note: *This form MUST be sent through the District/Group Recorder (unless from an unattached Chapter)*