The Great Priory of the United Religious, Military and Masonic Orders of the Temple and of St. John of Jerusalem, Palestine, Rhodes and Malta of England and Wales and its Provinces Overseas

PETITIONER APPLICATION FORM

To be completed by a Petitioner of a New Preceptory

This form must be completed using typescript or block letters and sent to the Organising Registrar

1. PROPOSED PRECEPTORY NAME																										
2. MMH MEMBERSHIP NUMBER								if kn	own	1)																
3. CURRENT RANK																										
4. PETITIONER No.			AS SHOWN ON PETITION FORM (to be completed by Organising Registrar)																							
5. KNIGHT																										
		(Initio	als)				_									(Su	rnai	me)								<u> </u>
6. FORENAMES IN FULL					_			_													_	Ļ				
7. DECORATIONS AND HONOURS										8.	S' (e.	ΓΥ .g. 1	LE Mr,	Sir;	R Bri	FIT gad	LE lier)		L			Ļ				
9. ADDRESS (i)																										
(ii)								_			+		+													
(iii) (iv)																										
(v) (v)																										
												(v	i) I	Ю	ST	CC	DE	E								
10. DATE OF BIRTH		<u></u>					<u> </u>			_																
11. TELEPHONE HOME													V	VC	RI	K [
MOBILE														F	ΈΑΣ	X										
EMAIL	,																									
	\Box											_		_		_)
Please give the numbers of all K.T. Precept																	ier v	witl	h th	e ye	ar c	of ac	lmi	ssic	on	<u> </u>
Please give the numbers of all K.T. Precept and if applica PRECEPTORY No. * DATE ADMITTED		he da	ite (of I	nst	allat		and		th	e d	ate	of	lea	avi	ng.	ner v		h th			of ac			on	<u> </u>
and if applica	ble tl	he da	ite (of I	nst	allat	tion	and		th	e d	ate	of	lea	avi	ng.			h th						on	
and if applica	ble tl	he da	D.	of I	nst E OF	allat	tion	and G		DA	e da	ate OF	of	lea STA	avii	ng. ATI) (h th	С	ONS		UTI	ON	on	
and if applica PRECEPTORY No. * DATE ADMITTED PRECEPTORY No. * DATE ADMITTED On the preceptory No. * DATE ADMITTED	** **	he da	DA	Of I	E OF	LEA	AVIN	G G		DA DA	TE TE	OF OF	of INS	STA	ALL	ATI	ION ION		h th	C	ON	STIT	UTI	ON	on	
and if applica PRECEPTORY No. * DATE ADMITTED	ble tl	he da	DA	Of I	E OF	LEA	tion NVIN	G G		DA DA	TE TE	OF OF	of INS	STA	ALL	ATI	ION		h the	C	ON	STIT	UTI	ON	on	
and if applica PRECEPTORY No. * DATE ADMITTED	** **	he da		OF I ATE ATE ATE	OF OF	Allat	AVINO AVINO AVINO	G G G		DA DA	TE TE	OF OF OF	of INS INS	STA	ALL	ATI			h the	C	ONS	STIT	UTI UTI UTI UTI	ON	Dn	
and if applica PRECEPTORY No. * DATE ADMITTED	** ** **	he da		OF I ATE ATE ATE	OF OF	Allat	AVIN	G G G		DA DA	TE TE	OF OF OF	of INS INS	STA	ALL	ATI	ION ION		h th	C	ONS	STIT	UTI UTI UTI UTI	ON	on .	
and if applica PRECEPTORY No. * DATE ADMITTED	** ** **	he da		ATE ATE ATE ATE ATE	OF OF OF	Allati	AVINO AVINO AVINO	G G G G		DA DA DA	TE TE	OF OF OF	of INS	lea	ALL	ATI ATI ATI			h th		ON:	STIT	TUTI	ON ON ON ON	on	
and if applica PRECEPTORY No. * DATE ADMITTED	** ** ** **	he da	D2 D2 D2	ATE ATE ATE ATE ATE ATE ATE	OF OF OF OF	Allatin LEA	AVINO	G G G G G G G G G G G G G G G G G G G		DA DA DA	TE TE	OF OF OF	INS	least/	ALL ALL ALL ALL	ATI ATI ATI ATI			h the		ON:	STIT	UTI UTI UTI UTI UTI UTI	ON ON ON ON	on III	
and if application and if application and if application are preceptory No. * DATE ADMITTED	** ** ** **	he da	D2 D2 D2	ATE ATE ATE ATE ATE ATE ATE	OF OF OF OF	Allatin LEA	AVINO	G G G G G G G G G G G G G G G G G G G		DA DA DA	TE TE	OF OF OF	INS	least/	ALL ALL ALL ALL	ATI ATI ATI ATI			h the		ON:	STIT	UTI UTI UTI UTI UTI UTI	ON ON ON ON	Don .	
and if application and if application and if application are preceptory No. * DATE ADMITTED	** ** ** ** ** ** ** ** ** **	he da	D2 D2 D2	ATE ATE ATE ATE ATE ATE ATE ATE	OF OF	allat	AVINAVINAVINAVINAVINAVINAVINAVINAVINAVIN	G G G G G G G G G G G G G G G G G G G		DA DA DA	TE TE TE	OF OF OF OF	INS	least A	ALL ALL ALL ALL	ATI ATI ATI			h the		ONS ONS ONS ONS ONS	STIT	UTI UTI UTI UTI UTI UTI	ON ON ON ON ON	Don I	
and if applica PRECEPTORY No. * DATE ADMITTED	** ** ** ** ** ** ** ** ** **	he da	D2 D2 D2	ATE ATE ATE ATE ATE ATE ATE ATE	OF OF	allat	AVINO	G G G G G G G G G G G G G G G G G G G		DA DA DA	TE TE TE	OF OF OF OF	INS	least A	ALL ALL ALL ALL	ATI ATI ATI			h th		ONS ONS ONS ONS ONS	STIT	UTI UTI UTI UTI UTI UTI	ON ON ON ON ON	Don I	
and if application and if application and if application are preceptory No. * DATE ADMITTED	*** ** ** ** ** ** ** ** ** *	he da	D2	ATE ATE ATE ATE ATE ATE ATE ATE ATE	E OF	Allate Al	AVINAVINAVINAVINAVINAVINAVINAVINAVINAVIN	G G G G G G G G G G G G G G G G G G G))))	DA D	TE TE TE	OF OF OF	INS INS INS INS INS	STA	ALL ALL ALL ALL ALL	ATI ATI ATI ATI ATI					ONS ONS ONS ONS ONS	STITI STITI STITI STITI STITI STITI STITI	UTI UTI UTI UTI UTI UTI UTI	ON ON ON ON ON ON		
And if application and if application and if application and if application are preceded as a substitute of the preceded as a	** ** ** ** **	he da	Da D	ATE	OF OF OF OR L	Allate In LEA	AVINO	G G G G G G G G G G G G G G G G G G G)) continuous de la co	DA D	TE T	OF OF OF OF OF	INS INS INS INS INS	STA STA STA STA STA STA Men	ALL ALL ALL MALL MALL MALL MALL MALL MA	ATI	ION		ased,		ONS ONS ONS ONS ONS	STITI STITI STITI STITI STITI STITI STITI	UTI UTI UTI UTI UTI UTI UTI	ON ON ON ON ON ON		
PRECEPTORY No. * DATE ADMITTED * Admitted, Joined or Founder	** ** ** ** **	he da	Da D	ATE	OF OF OF OR L	Allate In LEA	AVINO	G G G G G G G G G G G G G G G G G G G)) continuous de la co	DA D	TE T	OF OF OF OF OF	INS INS INS INS INS	STA STA STA STA STA STA Men	ALL ALL ALL MALL MALL MALL MALL MALL MA	ATI	ION		ased,		ONS ONS ONS ONS ONS	STITI STITI STITI STITI STITI STITI STITI	UTI UTI UTI UTI UTI UTI UTI	ON ON ON ON ON ON		

ADDITIONAL INFORMA	TION
PE	TITIONER JOINING FROM ANOTHER CONSTITUTION
K.T. DEGREE TAKEN IN:	NAME
PRECEPTORY	No.
	DATE CONSTITUTION (if not english)