



**Application Form for Installation**

**Preceptory No. \_\_\_\_\_**  
**Knights Templar**

**Of the United Religious and Military Orders of  
St. John of Jerusalem, Palestine, Rhodes and Malta and of the Temple**

**To the Presiding Preceptor, Officers and Fratres, Greetings:**

I,		County	Province, Canada
Christian and Surname in full		D.O.B.	
Profession or Occupation		day/	month/ year
Mailing Address		Telephone	
City	Postal Code	Hat Size	Height

<b>Master Mason</b>	Raised On The	Lodge	Number	City	Registry of Grand Lodge
	Day/ Month/ Year				
<b>Royal Arch Mason</b>	Exalted On The	Chapter	Number	City	Registry Grand Chapter
	Day/ Month/ Year				

**having a firm and steadfast faith in “the Christian Doctrine of the Holy and Undivided Trinity of The Father, The Son and The Holy Spirit”,** and possessing the Masonic standing of a Royal Arch Mason, required by the Statutes and Ordinances of the Order, as fully set forth above, freely and voluntarily offer myself as a candidate for installation as a Companion of the Red Cross and the United Religious and Military Orders of the Temple and of St. John of Jerusalem, Palestine, Rhodes and Malta promising in all things fealty to the Most Eminent Supreme Grand Master of the said Orders in Canada and his successors in office, as well as to my immediate superiors and that I will submit to and observe all the usages, customs, statutes, rules and regulations, and ordinances, present and future of the said Christian Orders, or of this or any other Preceptory or Priory of which I may become a member. And I further state, on my obligation as a Master Mason that I have not been rejected by any other Preceptory within the past twelve months.

**The attention of the Applicant must be directed to the clause, regarding the belief in the "Christian Doctrine of the Holy and Undivided Trinity of The Father, The Son and The Holy Spirit", before he is permitted to sign the application.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature (Christian and Surname in Full)

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_

**Recommended and vouched for on the honour of:**

Signature	Name (Please print in block letters)
Signature	Name (Please print in block letters)

**For Office Use Only**

Red Cross	
Malta	
Novice	
Installation	
Consecration	

Roll No.	
Read	
Ballot	
Fee	