APPLICATION for CONSECRATION

_____ No. ___ Knights Templar

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

To the Presiding Preceptor, Officers, and Fraters, Greetings:

I, _____ of _____ in the County of _____ ,
(*Christian and Surname in full - Please Print*) (*Name of Town or City*)

Province of _____, Canada, by vocation _____ Date of Birth _____
(*Profession or Occupation*) (*yyyy mm dd*)

having a firm and steadfast faith in the CHRISTIAN DOCTRINE OF THE HOLY AND UNDIVIDED TRINITY, and possessing the Masonic standing of a Master Mason, and Royal Arch Mason required by the Statutes and Ordinances of the Order, as fully set forth hereunder, freely and voluntarily offer myself as a candidate for Installation as a companion of the Red Cross and into the United Religious and Military Orders of St. John of Jerusalem, Palestine, Rhodes, Malta and the Temple, promising in all things fealty to the Most Eminent the 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, Regulations and Ordinances, present and future, of said Christian Orders, of this or any other Preceptory and 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.

A MASTER MASON	**AND ROYAL ARCH MASON**
RAISED on the ___ day of _____, _____ in _____ Lodge No. ____ on the Registry of the Grand Lodge of _____ and now an active member in good standing in _____ Lodge No. ____ of the Grand Lodge of _____held at_____	EXALTED on the ____ day of _____, _____ in _____ Chapter No. _____ on the Registry of the Grand Chapter of _____ and now an active member in good standing in _____ Chapter No. _____ of the Grand Chapter of _____ held at _____

" The Attention of the Applicant must be directed to the clause, regarding the belief in the " Holy Trinity " before he is permitted to sign the Application "

In witness this _____ day of _____ , 20 ____ at _____

_____ _____
Witness *Signature of Applicant (Christian and surname in Full)*

Recommended and Vouched for on the honour of

_____
Proposer

_____
Seconder

Mailing Address _____
(*Street or P O Box*)

Town _____ Postal Code _____

Phone _____ Email _____

Inception Fee: $_____ **Annual Dues: $**_____ Height _____ Hat Size _____

Read: …… Mail to**:** *registrar*

Ballot: ……..…… *address info*

Roll No…….. *phone / email*

Consent

In consideration of your receiving this application for membership, I consent to investigations being made from any source relating to my qualifications for membership in the Preceptory to which this application is directed.

I also release the Preceptory, each of its members, and the Sovereign Great Priory of Canada and each of its members from all claims which I may have arising from the investigations of my qualifications or my rejection if such should occur.

I acknowledge and agree that all information relating to my application, investigation, acceptance or rejection shall remain confidential between me and the Sovereign Great Priory of Canada.

I further agree and consent to the transmission of my name, address, age, occupation and any other personal information set out on this form, by e-mail or any other electronic means.

I further agree and acknowledge that this application and notice of rejection thereof, if it should occur, may be retained by the Sovereign Great Priory of Canada in a central database.

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Signature of Applicant