

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.

Table with 2 columns: A MASTER MASON and AND ROYAL ARCH MASON. Contains fields for RAISED/EXALTED date, Lodge/Chapter No., and location.

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 Mailing Address _____
(Street or P O Box)

Proposer Town _____ Poatal Code _____

Seconder 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.

Signature of Applicant