

## Provincial Grand Lodge of Mark Master Masons of Surrey

This form must be completed and sent to the Official Visitor 10 Days before his visit

### MARK FIRST APPOINTMENT IN SURREY

<b>Lodge No:</b>	<b>Lodge Name:</b>	<b>Date of Official Visit:</b>
------------------	--------------------	--------------------------------

#### DETAILS OF A QUALIFIED PAST MASTER

Normal qualification: The brother must have completed 5 years service since the date of his first installation as Master of a Mark Lodge. (continue on the reverse of the form where necessary)

<b>Full Name</b> (inc civil honours etc):	
<b>Date of Birth:</b>	<b>Occupation</b> (previous if retired):
<b>Full Postal Address &amp; Postcode:</b>	
<b>Telephone No(s):</b>	<b>Email:</b>

<b>Date Installed as WM in Mark</b>	<b>in Lodge No:</b>	<b>Rank in Craft:</b>
<b>Mark Ranks from other Provinces</b> (give rank, province & year appointed):		
<b>Membership of other Mark Lodges</b> (Lodge No's)	Surrey	Other Provinces
<b>Member of the Surrey Installed Mark Masters Lodge No 1219</b>	Yes	No

**Lodge Offices held as a Past Master** (start with present office)

Office Held	From (year)	To (year)	Office Held	From (year)	To (year)

<b>List other Mark activities</b>			
<b>How many of the last 10 Lodge Meetings has he attended?</b> If less than 7, please answer the following question.			
<b>Was absence because of:</b> Poor Health / Business Commitments / Domestic Situation / Other (please specify)			
<b>Are his Lodge Dues fully paid up?</b>		Yes	No
<b>Did he discharge his duties as Master to the members' satisfaction?</b>		Yes	No
<b>What are his special aptitudes?</b> (highlight the following, add others as appropriate)		Ritualist / Administrator / Organiser / Leader / Motivator of others / Fund Raiser / Almoner	

To help assess his suitability for an active office, please answer the following

<b>Height:</b>	tall	average	short	<b>Build</b>	heavy	average	light
<b>Is he reasonably agile:</b>	yes	no		<b>Has he a good presence:</b>	yes	no	
<b>Has he a strong voice:</b>	yes	no		<b>Is he in good health:</b>	yes	no	
<b>Does he have any disability which might limit the duties he could undertake:</b>						yes	no

Lodge Secretary or Past Master Name:

Signature:

Date:

*Note: If this form is completed electronically and e-mailed to the Official Visitor the name can be printed*