

# Provincial Grand Chapter of Royal Arch Masons of Suffolk

## Recommendation for Promotion

To be received by 30<sup>th</sup> September, forms received after this date will not be accepted

### Section 1

Chapter: ..... Click ▼ to select

#### *Personal Details*

Surname: .....

Forename(s): .....

Known As: ..... Date of Birth: .....

Address: .....

..... Post Code: .....

Profession or Occupation: .....

Telephone: ..... Email: .....

#### *Membership Details*

Present Provincial Rank: ..... Date Appointed: .....

If a Joining Member, date of joining the Chapter: .....

Offices held in this Chapter since previous Promotion with dates:

.....  
.....  
.....

Other Activities within this Chapter, e.g. ritual performed since leaving the chair, social events etc.

.....  
.....  
.....

Attendance in the last 3 years? No. of Meetings Attended ..... Total No. of Meetings: .....

Any reason for non attendance: .....

.....

Is he active in Chapter of Instruction? Click ▼ to select Does he Attend Chapter Committee Meetings? Click ▼ to select

Membership of other Suffolk Chapters if applicable provide details

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## Section 2

### *Additional Information*

Craft Lodge No: ..... Craft Rank (in Suffolk): .....

Is he a member of Suffolk Installed First Principals Chapter No. 3913? Click ▼ to select

Is he a member of a Chapter in another Province or Metropolitan, if so, give details, including rank.

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### *Social Activities and Community Involvements*

Is he a member of any Masonic Social Clubs? e.g. Cricket, Shooting Bowls etc. if so, give details

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Is he involved in the Community? e.g. local organisations, charities etc. If so give details.

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Any further information you believe may assist the A&P Board in making their recommendation to the M.E.G.S.

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## Section 3

*Name of Companion submitting this application and position*

Name: ..... Position: .....

Signature: ..... Date: .....

Was this application approved at a Chapter Committee meeting? Click ▼ to select Date: .....

*Reviewed by: (Not applicable if application approved by Committee)*

Name: ..... Position: .....

Signature: ..... Date: .....

## Completion Notes

*Do not use this form for 1<sup>st</sup> Appointments.*

*This form to be completed by Scribe E. (or P.Z.) of the Chapter, where the application has NOT been approved at Chapter Committee meeting, then it is requested that a second P.Z. review the information and confirm its accuracy.*

*A Companion becomes eligible for consideration for promotion after a minimum of 4 years after their 1<sup>st</sup> appointment (or previous promotion).*

*Eligibility is not an entitlement to receive a promotion. The total number of promotions is limited and unsuccessful applications may be as a result of these limitations but does not preclude nomination the following or subsequent years.*

*Each submission will be judged on merit and take into account attendance and services rendered to the Companion's Chapter and/or Province to date and promotion is at the discretion of the Grand Superintendent.*