

District of Kent Order of the Allied Masonic Degrees

Change of Status Notification

This form must be completed by the Council Secretary and sent to the District Grand Secretary immediately following any change of status of, or particulars relating to, a subscribing member of a Council in the District.

Council Name:	Council No:
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DETAILS OF MEMBER

Full Name (incl. civil honours etc.):	
Full Postal Address & Postcode:	
Work Telephone No:	Work Email:
Home Telephone No:	Home Email:
Mobile Phone Nos:	

REMOVAL FROM SUBSCRIBING MEMBERSHIP

REASON FOR REMOVAL	DATE OF REMOVAL
Deceased	
Resigned	
Elected to Honorary Membership	
Ceased Membership (2 years in arrears)	
Excluded (Less than 2 years in arrears)	
Other Reason(s)	

If Resigned, please give reasons

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CHANGE OF RANK

PREVIOUS RANK	NEW RANK	DATE OF APPOINTMENT	DISTRICT
Grand			
District			

Council Secretary: Name: _____ Signature _____ Date _____

Note: If this form is completed electronically and e-mailed the signature can be printed