Grand Council of the Order of the Allied Masonic Degrees of England and Wales and Districts and Councils Overseas

REQUEST FOR DISPENSATION IN RESPECT OF A COUNCIL

To be Completed by the Master and Secretary

This form must be completed using typescript or block letters and sent via the District Grand Secretary to:
The Grand Secretary Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL

TO THE MOST WORSHIPFUL GRAND MASTER

we, the undersigned, being the Master and Secretary of

1. COUNCIL NAME

2. NUMBER

3. DISTRICT

respectfully request on behalf of the members of the Council that a Dispensation be granted for the following reason(s)

(Please tick appropriate box)

(i) To enable a meeting of the Council to be held on
(Which is not a regular meeting date as detailed in the bylaws)

(ii) To enable a meeting of the Council to be held at the following place.

(Which is not the venue detailed in the bylaws)

(iii) The Warrant of the Council not being available, for the reasons detailed overleaf, the members desire to hold a meeting of the Council without the Warrant.

(iv) For reasons detailed overleaf.

NAME OF SECRETARY *(Initials & Surname)*

SIGNATURE OF SECRETARY

NAME OF MASTER *(Initials & Surname)*

SIGNATURE OF MASTER

RECOMMENDED BY *(Initials & Surname)*

SIGNATURE OF
DISTRICT GRAND MASTER

DATE

NOTES

1. This petition must reach the Grand Secretary with the appropriate fee at least three weeks before the date of the meeting and **MUST** be recommended by the District Grand Master when applicable.
2. A Dispensation, if granted, will be sent to the District Grand Secretary.

OFFICIAL USE ONLY

DISPENSATION No.

FEE RECEIVED £

Please take a photocopy of this form when completed and retain it for your Council records

ANY ADDITIONAL COMMENTS

CHANGE OF DETAILS

If there have been any changes in respect of the below, please tick the appropriate box, and complete the details.

SECRETARY ☐ TREASURER ☐

Secretary / Treasurer *(delete as necessary)*

1. INITIALS AND SURNAME
2. FORENAMES IN FULL
3. DECORATIONS AND HONOURS
4. STYLE OR TITLE *(e.g. Mr, Sir, Brigadier)*
5. ADDRESS
   (i)
   (ii)
   (iii)
   (iv)
   (v)
   (vi) POSTCODE
6. DATE OF BIRTH — DAY | MONTH | YEAR
7. TELEPHONE
   HOME
   WORK
   MOBILE
   FAX
   E-MAIL