

# The Ancient and Honourable Fraternity of Royal Ark Mariners

## REQUEST FOR DISPENSATION IN RESPECT OF A LODGE

To be Completed by the Commander and Scribe

This form must be completed using typescript or block letters and sent via the Provincial/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 Commander and Scribe of*

1. LODGE NAME

2. NUMBER





3. PROVINCE/DISTRICT

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

- (i) To enable a meeting of the Lodge to be held on  (Which is not a regular meeting date as detailed in the bylaws)  (Please tick appropriate box)
- (ii) To enable a meeting of the Lodge to be held at the following place.   
  
(Which is not the venue detailed in the bylaws)
- (iii) The Warrant of the Lodge not being available, for the reasons detailed overleaf, the members desire to hold a meeting of the Lodge without the Warrant.
- (iv) For reasons detailed overleaf.

NAME OF SCRIBE

(Initials & Surname)






SIGNATURE OF SCRIBE

NAME OF COMMANDER

(Initials & Surname)






SIGNATURE OF COMMANDER

RECOMMENDED BY

(Initials & Surname)






SIGNATURE OF PROVINCIAL/  
DISTRICT GRAND MASTER

DATE





### NOTES

- 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 Provincial/District Grand Master when applicable.
- A Dispensation, if granted, will be sent to the Provincial/District Grand Secretary.

### OFFICIAL USE ONLY

DISPENSATION No.

FEE RECEIVED £

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.

SCRIBE

TREASURER

#### Scribe / Treasurer *(delete as necessary)*

1. INITIALS AND SURNAME	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>						
2. FORENAMES IN FULL	<input type="text"/>							
3. DECORATIONS AND HONOURS	<input type="text"/>	4. STYLE OR TITLE <i>(e.g. Mr, Sir, Brigadier)</i> <input type="text"/>						
5. ADDRESS	(i) <input type="text"/>							
	(ii) <input type="text"/>							
	(iii) <input type="text"/>							
	(iv) <input type="text"/>							
	(v) <input type="text"/>							
6. DATE OF BIRTH	<table border="1"><thead><tr><th>DAY</th><th>MONTH</th><th>YEAR</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	DAY	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	(vi) POSTCODE <input type="text"/>
DAY	MONTH	YEAR						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
7. TELEPHONE	HOME <input type="text"/>	WORK <input type="text"/>						
	MOBILE <input type="text"/>	FAX <input type="text"/>						
	E-MAIL <input type="text"/>							