

The Ancient and Honourable Fraternity of Royal Ark Mariners

REGISTRATION AND DINING FORM

Annual Assembly on 8 December 2015

This form must be completed using typescript or block letters in black ink and sent to:

The Masonic Support Services, Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL, not later than **27 November 2015**

1. <input type="checkbox"/> <input type="checkbox"/> BROTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
	<i>(Initials)</i>	<i>(Surname)</i>
2. FORENAMES IN FULL	<input type="text"/>	
3. DECORATIONS AND HONOURS	<input type="text"/>	4. STYLE OR TITLE <i>(e.g. Mr, Sir, Revd)</i>
5. ADDRESS	<input type="text"/>	
	(i)	<input type="text"/>
	(ii)	<input type="text"/>
	(iii)	<input type="text"/>
	(iv)	<input type="text"/>
	(v)	POSTCODE <input type="text"/>
MMH MEMBERSHIP NUMBER <small>(if known)</small>	<input type="text"/>	
6. TELEPHONE	HOME <input type="text"/>	WORK <input type="text"/>
	MOBILE <input type="text"/>	FAX <input type="text"/>
	EMAIL <input type="text"/>	
7. PRESENT GRAND RANK	<input type="text"/>	8. PROVINCIAL GRAND RANK <input type="text"/>
9. GRAND RANK TO BE INVESTED <small>(if applicable)</small>	<input type="text"/>	REFERENCE NO. <input type="text"/>
10. LODGE NAME	<input type="text"/>	
11. NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12. PROVINCE <input type="text"/>
		Must be completed
A CHEQUE MADE PAYABLE TO GLMMM IS ENCLOSED FOR A TOTAL OF £ <input type="text"/>		
OR PLEASE CHARGE MY CREDIT OR DEBIT CARD		
CARD No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
EXPIRY DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	VALID FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Security No. <input type="text"/> <input type="text"/> <input type="text"/>
SIGNATURE	<input type="text"/>	
		DATE <input type="text"/>
Completion of this form will be accepted as an apology for non-attendance.		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
It is my intention to attend the Meeting		
I shall require dinner after the Meeting	<input type="checkbox"/>	<input type="checkbox"/>
	Fish <input type="checkbox"/>	Vegetarian <input type="checkbox"/>
and shall have <input type="text"/> guests whose names and ranks are recorded overleaf. I enclose a dining fee of £50.00 per person .		
To guarantee a seat payment MUST accompany this for and received by Friday, 27 November 2015 .		
Money will NOT be accepted on the day . DINING FEES WILL BE PROCESSED UPON RECEIPT .		
Telephone bookings will NOT be accepted. Dining Tickets will NOT be issued.		
Cancellation of seat reservations will be accepted up to 12 noon on Wednesday, 2 December 2015 : Dining fees cannot be refunded after that date.		
Please advise of any person requiring assistance or any special dietary requirements		
<input type="text"/>		

MENU

Smoked Duck Breast with spicy Melon and Herb Salad

Slow cooked Lamb Shank with Celeric and Truffle Gratin

(Fish option: Poached Haddock Fillet with Parsley and White Wine Sauce)
(Vegetarian option: Tempura Vegetables with Roast Pumpkin Spiced Polenta)

Passion Fruit Delice with Bitter Chocolate Sauce

Cheese Board with Biscuits and Celery

Coffee and After Dinner Mints

Cost £50.00

