



PROVINCIAL GRAND LODGE
OF WEST KENT

Membership Enquiry Questionnaire

Photo

Membership Adviser:

Enquirer's Full Name:

Enquirer's Home Address:

Post Code:

Telephone:

Mobile:

Best Time to
Contact:

Email Address:

Enquiry Channel:

Employment:

Date of Birth/
Age:

Yrs

Enquirer's Employment Address:

Post Code:

Hobbies/Other Interests:

Civil Status:

Community/Charity
Involvement:

Any Impending Criminal
Proceedings?

No Yes Details:

Awaiting to Outcome of Criminal
Proceedings?

No Yes Details:

Ever been the subject of a finding
of dishonest/dishonourable conduct

No Yes Details:

Does the Enquirer have a
Criminal Record that is not
covered by the Rehabilitation of
Offenders Act (Spent
Convictions) including cautions?

No Yes *Obtain full details, i.e. offence, date of conviction, sentence, fines etc.*

Has the Enquirer ever been
charged with an offence?
*Include charges that have then
been dropped or withdrawn.*

No Yes *Obtain full details, i.e. offence, date of charge and result etc.*

Is there any matter that would
cause the Enquirer concern
should it become apparent in the
future which the enquirer is will
to share at the time of enquiry?

No Yes *Obtain full details*

Prior Knowledge of Freemasonry: No Yes Basic Average Above Average In-Depth

Previous Application(s): No Yes Which Province?

Any Masons in Family/Friends: No Yes Who/Relationship?

What is the Enquirer's reason for wanting to join?

What is the Enquirer's preferred meeting day? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Partner Aware and Supportive: No Yes **Time Input Explained?** No Yes **Belief in a Supreme Being?** No Yes

Costs Explained?

One Off Initiation Fee	<input type="checkbox"/> No <input type="checkbox"/> Yes	Regalia & Case	<input type="checkbox"/> No <input type="checkbox"/> Yes
Dark Suit etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Dining Fees	<input type="checkbox"/> No <input type="checkbox"/> Yes
Alms/Raffles/Donations	<input type="checkbox"/> No <input type="checkbox"/> Yes	Ongoing Annual Subscription	<input type="checkbox"/> No <input type="checkbox"/> Yes

Charity Explained? Masonic Charitable Foundation & Personal Time No Yes

Other Information

Action(s) Required
Include action dates and conclusions

Mandatory Actions Required

PIPL Comments:

Google Comments:

Kent Online Comments:

Other Comments:

Suitable for Referral? No Yes If 'No' Give Reason:

Lodges for Consideration (Name):	Lodge No.	Info Sent:
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>

Membership Officer: Signature: Date: