



**Provincial Grand Lodge of Mark Master Masons of North Wales
Prif Gyfrinfa Talaith Y Marc Gogledd Cymru**

1 Leonard Street, Holyhead, Anglesey LL65 2BA

✉ provgsec@northwalesmark.co.uk 🌐 www.northwalesmark.co.uk

Recommendation Form

The Right Worshipful Provincial Grand Master invites each Lodge to submit to him the name of a Subscribing Member to whom it wishes to draw his attention.

The member in question need not be a Past Master/Commander

The intention of this form is to ensure that the PGM is made aware not only of Past Masters/Past Commanders worthy of Acting Provincial Rank or Promotion but also to those members making their way up the ladder who show particular skill or dedication to the Lodge or to the Order in general.

This form can also be used to inform the PGM of any Member who might have been accidentally overlooked for a First Appointment or Promotion.

An appointment will not necessarily follow any Recommendation made

Recommendations must be submitted via the Provincial Grand Secretary by post or email no later than the 31st of December each year

Lodge Details

Lodge Name	
Lodge Number	

Name of Representative	
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Date of Submission	
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Details of Member being Recommended

Order in which the Recommendation is being made	<input type="checkbox"/> Mark	<input type="checkbox"/> RAM
Name of Member being Recommended		
MMH Number		
Date of Birth		
Occupation / Former Profession		
Date of Advancement / Elevation		
Current Office within the Lodge (if any) ¹		
Date of Installation (if applicable) ¹		
Number of Lodge Meetings held since they vacated the Chair (if applicable) ¹		
Name of a Craft Lodge to which the member subscribes to		
Current Provincial Rank in Mark/RAM (if any) ¹		
Member's Provincial or Grand rank in Craft (if any) ¹		

¹ Please enter **N/A** if not applicable

Reasons for Recommendation

Master / Commander's Remarks in support of Recommendation

Signature of Master / Commander	
Name of Master / Commander	
Date Signed	

Secretary / Scribe's Remarks in support of Recommendation

Signature of Secretary / Scribe	
Name of Secretary / Scribe	
Date Signed	