



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

24a Waen Fawr Estate, Holyhead, Anglesey LL65 1LT

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

RAM Provincial Installation Return

A Provincial Installation Return is to be completed annually and returned to the Provincial Grand Secretary immediately after the Installation meeting

All information requested by this form must be filled in

RAM Lodge Details

RAM Lodge Name	
RAM Lodge Number	
Date of Installation	

Section A

Please provide details of the W.C. and newly Appointed Officers:

Office	Full Name of Office Holder	Grand or Provincial Rank	Address in full including Postcode
W.C. (N)			
S.W. (J)			
J.W. (S)			

Section B

Worshipful Commander's Mark Lodge Details:

Please provide details of the Mark Lodge in which the newly Installed Worshipful Commander has served as a Master **OR** give the Dispensation Number:

Either	Name and Number of Mark Lodge:	
and	Date Installed in this Mark Lodge:	
OR	Dispensation Number:	

Senior and Junior Warden Details:

Please provide the requested details regarding the Senior and Junior Wardens:

Was the newly appointed Senior Warden invested at the Installation?	<input type="checkbox"/>
Was the newly appointed Junior Warden invested at the Installation?	<input type="checkbox"/>

Is the newly appointed Senior Warden qualified to progress to the office of Worshipful Commander by virtue of his having been Installed as Master of a regular Mark Lodge?	<input type="checkbox"/>
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IF YES:

Name of Mark Lodge	Number	Date of Installation

IF NO:

Please contact the Provincial Grand Secretary for advice immediately.

Section C

**Particulars of Past Commanders who have not been promoted to Provincial RAMGR
and who are actively participating in Lodge affairs.**

In the Remarks column, please comment on attendance, e.g. excellent/good/fair, and on participation in ceremonies. Please also comment if in Office within the Lodge.

Full Name	Year in Office as W.C. (N)	Comments

Continue on next page if required....

Full Name	Year in Office as W.C (N)	Comments

Section D

Addresses of Scribe and Treasurer

Address of Scribe	Address of Treasurer
Phone:	Phone:
Email:	Email:

I hereby certify that the above is a correct Return:

Name of Secretary	Signature	Date Signed
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