

THE COMMEMORATIVE ORDER OF ST. THOMAS OF ACON
Proposal for installation of a Knight in the Order of St. Thomas of Acon into
Crusader Chapel, No. 65

Please complete the following details as completely as possible:

Full Name: _____ Date of Birth: _____

Address: _____

Wife's Name: _____

Home Tele: _____ FAX: _____ Mobile: _____

Work Tele: _____ FAX: _____ E-mail: _____

Knight Templar Preceptory/Commandery: _____

Date of Installation as a Knight in the above Preceptory/Commandery: _____

We the undersigned knowing the above Knight wish to sponsor him for Installation as Knight of the Order of St. Thomas of Acon.

Name of Proposer:

Name of Seconder

I Sir _____
Title in the Order

I Sir _____
Title in the Order

Who has know the Proposed for
_____ years _____ months

Who has known the Proposed for
_____ years _____ months

Signature of Proposer:

Signature of Seconder

Mundane Name

Mundane Name

FOR SECRETARY USE ONLY:

Date Received: _____ Date Approved by Chapel Committee: _____

Date Balloted: _____ Action: - Accepted: ___ Delayed: ___ Rejected: ___

Date Invited: _____ Date Accepted Invitation: _____

Date Installed: _____