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| **LP&A4** | **United Grand Lodge of England**  **VALID TO** \_\_\_ / \_\_\_  FOR UGLE USE ONLY  **INSTALLATION RETURN**  of Master, and Return of Wardens and of Past Masters of Lodges under the  English Constitution, being Subscribing Members   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | of the | Installation Date  prescribed in By-Laws | | | Lodge No. | |  | | | meeting at | |  |  | |  | |   who claim a right to sit and vote in the United Grand Lodge, pursuant to Rules 9 and 151, of the Book of Constitutions.  TO BE MADE **IMMEDIATELY** AFTER THE INSTALLATION OF MASTER, AND FORWARDED, IF APPLICABLE, TO  **THE PROVINCIAL GRAND SECRETARY, PROVINCIAL OFFICE, 6 GOLDEN HILL LANE, LEYLAND PR25 3NP**  **IN THE ABSENCE OF THIS RETURN, BRETHREN QUALIFIED TO ATTEND GRAND LODGE CANNOT BE ADMITTED.** | | | | | | | | | | | | | | | | | |
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|  | **DETAILS OF MASTER'S QUALIFICATION MUST BE GIVEN :-** | | | | | | | | | | | | | | | | | |
|  | either Served as Master of Lodge No. | | |  | | | in the year | | |  | | | |  | | | | |
|  | or as Warden for **FULL** Year in Lodge No. | | | | |  | | | in the year | |  | | | | |  | | |
|  | or date of Dispensation issued under Rule 109, Book of Constitutions (copy to be enclosed) | | | | | | | | | | | | | | | | | | |
|  |  | Surname (Block Letters) | Forenames (In Full) | | | | | | | | | Date of Installation/Investiture for  Master/Wardens:- | | | | | | |
|  | W.M. |  |  | | | | | | | | |  |  | | | | |  |
|  | S.W. |  |  | | | | | | | | |  |  | | | | |  |
|  | J.W. |  |  | | | | | | | | |  |  | | | | |  |
|  | **If either of the Wardens was not invested at the Installation Meeting please state reason in the space reserved for the date. The Grand Secretary must be notified of the date of Investiture as soon as it has taken place.** | | | | | | | | | | | | | | | | | |
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|  | **Names of qualified Subscribing Past Masters either OF or IN the Lodge**  N.B. Only P.M.'s of Lodges under the English Constitution, including Grand Officers, to be entered.  Honorary Members must not be included after notification of Election. | | | | | | | | | | | | | | | | | |
|  | Name and Initials  (Block Letters) | | Lodge Nos.  in which  served as  Master | | Years  when  installed | | | Name and Initials  (Block Letters) | | | | | | | Lodge Nos.  in which  served as  Mpaster | | Years  when  installed | |
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|  | The Certificate on the reverse must be completed by the Master and Secretary Continue on Back | | | | | | | | | | | | | | | | | | | |

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| Name and Initials  (Block Letters) | | | | | | | | | | Lodge Nos.  in which  served as Master | | | | Years  when  installed | | | | | Name and Initials  (Block Letters) | | | | | | | | Lodge Nos.  in which  served as  Master | Years  when  installed | |  | |
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| Almoner's Name (block letters) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
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| e-mail address (block letters) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| Charity Steward's Name (block letters) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
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| e-mail address (block letters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| We, the undersigned, declare that the Installation Return now completed is a true record of the Installation of the Master, the Investiture of the Wardens, and of the Past Masters of and in the Lodge who are entitled to attend Grand Lodge in accordance with the provisions of Rule 9 of the Book of Constitutions. We also give our agreement to receiving papers from the Grand Lodge of England in electronic format. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Signature of Master | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
| [Original signature of Master]  Name (BLOCK LETTERS) | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Dated this | | | DD | Day of | | | | MMM YYYY | | | | | | | | | | | | | | | | | | | | |  | |
| Signature of Secretary | | | | | |  | | | | | | | | | | | | | | | | |  | | N.B. Please tick box if  there is any alteration in  name and/or address of  Secretary  ☐ | | |  |  | |
| Name (block letters) | | | | | | [Original signature of Secretary] | | | | | | | | | | | | | | | | |  | |  | | |  |  | |
| Address |  | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  | |
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| Tel No.(H) | | |  | | | | | | | | Tel No. (W) | | | | |  | | | | | Mobile | |  | | | | | |  | |
| e-mail address (block letters) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |