

ALMONER

'FRIENDS' JOINING FORM(One form to be completed for each widow or applicant by the Lodge Almoner, signed by the applicant and then sent to the SMFA Coordinator.)

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		PRIVATE AND	CONFIDEN [®]	TIAL					
Qualifying Lodge Number:			Almoner's Name:						
Name of Widow or applicant.		·							
Telephone Numbe	r:		Mobile	Numb	er:				
Email Address:									
Postal Address: -									
_	Postcode:								
(To be completed by the lodge widow or other applicant.)						YES	NO		
I would like to receive free copies of the Compass magazine, Better Lives magazine and other Masonic communications.					,				
I would like to receive information about future Somerset Masonic Friendship Association events. ('Friends')									
I am currently a member of a Somerset Masonic Widows' Group									
	Please tick the appropriate boxes								
General notes: (Please provide any other useful information such as whether you would require transport to an event, or whether you would like a chat with your local almoner to discuss any health, mobility or welfare concerns you may have.									
I give my consent for my personal details to be held in accordance with the General Data Protection Regulations (GDPR 2018) and solely for the purposes of providing me with information in connection with the 'Friends' (SMFA), the Province of Somerset and the Masonic Charitable Foundation (MCF). I understand that my details can be removed if I request it, by telephoning the SMFA Provincial Coordinator, Charlie Barker on 07904 736942 or by emailing him: secretary8518@btinternet.com									
SIGNATURE OF WIDOW OR APPLICANT					DATI	PATE:			
ALMONED	Name (Ca	pitals)		Signatu	re				