



# THE GRAND LODGE OF ALBERTA

ANCIENT, FREE AND ACCEPTED MASONS

## NOMINATION FORM FOR DISTRICT DEPUTY GRAND MASTER

I nominate \_\_\_\_\_ W Bro \_\_\_\_\_

of \_\_\_\_\_ Lodge No. \_\_\_\_\_

for the Office of District Deputy Grand Master of \_\_\_\_\_ District.

Home address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_

Nominated by: \_\_\_\_\_ Bro. \_\_\_\_\_ of \_\_\_\_\_ Lodge No. \_\_\_\_\_

Signed \_\_\_\_\_

### ACCEPTANCE

I accept the above nomination. I have read the duties and responsibilities of this office as described in the Constitution and Regulations of the Grand Lodge and will agree to abide by and fulfil them if I am elected. This includes any board and/or committee that I may be appointed to.

Signed \_\_\_\_\_ Rank \_\_\_\_\_

In the box below, you are required to type or print a brief Craft and business history suitable for publication. If more space is required, use the other side to complete.

**NOMINATIONS CLOSE AT 12:00 O'CLOCK MIDNIGHT 60 DAYS PRIOR TO THE NEXT DISTRICT MEETING AND SHALL BE DELIVERED TO THE ADDRESS SPECIFIED IN THE DISTRICT NOMINATION NOTICE.**