The Grand Lodge of New Brunswick F & A M

OFFICE OF THE GRAND SECRETARY Phone (506) 652-2390 Fax (506) 642-4524 e-mail glnb@nb.aibn.com



Masonic Temple PO Box 6430, Station A Saint John, NB E2L 4R8

Lodge Name and Number

Quinn Medallion Application Form
(Do NOT INCLUDE SERVICE WITH CONCORDANT BODIES)
Please type or print in block letters. Must be completed in full and signed

	Date of Application		
A. Name in Full	R	ank	_ Age
Street Address			
City/Town/Village	Postal	Tel No	
B. Craft Lodge(s) (Name, Number and Location where	e membership is held:)		
C. Lodge Offices Held (include duration)			
D. Outstanding Masonic Services Performed (i. service)	e. degree work, ritual, Commi	ttees, attendanc	e and any other noteworthy
E. What are his greatest qualities/skills/abilit	ies as demonstrated in h	nis Masonic ca	areer?
Notes Cond the annulus in the			
Note: Send the application to the District Deputy Grand Master for his comments	_	Signature a	nd Rank of Recommender

ict Deputy Grand Master's Comments:	
Note: Forward to the Grand Secretary, attention of the	Signature of DI
Awards Committee P.O. Box 6430, Station A	District No
Saint John N.B. E2L 4R8	
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sposition of Nomination (For Awards Committee Use Only)	
Date Processed	
Status	