

Membership Application DeMolay Squire

1.	Name:																	
2	Address:	First Name			Middle Name			Last Name										
۷.	Address.	lumber and Street			City/Town			Zip										
3.	Phone:																	
	E	Home phone			Cell phone													
4.	Email:	Best email address			In providing your email and phone number, you are authorizing DeMolay to communicate electronically with you at the contacts listed in this application.													
5.	Birth Date:	MM	DD	YYYY	6. Shirt Size:		M 🗆 L	\square XL \square XXL	□ Other									
_																		
/.	School:	Grade			School Attending													
8.	School Activity:	O/ddc			School According	School Attending												
	·	Clubs	ubs			Organizations			Extracurriculars									
9.	Favorite:	Cubinat			Class			Tanahan										
	Answer at least 3.	Subject			Class			Teacher										
		Hobbies			Book			Movie										
10	Work:	Video Game			Арр			Other										
10.	WOIK.		No	Not applicable	If Yes, where?													
		Yes	140	riot applicable		11. Do you believe in God or a Supreme Being/Deity?												
11.	Do you believe																	
11.	Do you believe					Yes	No											
11.	·	in God or a	a Suprem	e Being/Dei				ne in my acti	vities.									
	·	in God or a	a Suprem	e Being/Dei	ty?			ne in my acti	vities.									
12.	My Parent	in God or a	a Suprem	e Being/Dei	ty?	y and su		ne in my activ	vities.									
12.	My Paren	ts/Guardia Tirst Name	a Suprem	e Being/Dei	ining DeMola Middle Name/Initia	y and su		Last Name	vities.									
12. 13.	My Parent Parent/Guardian Address:	in God or a ets/Guardia	a Suprem	e Being/Dei	ty? ining DeMola	y and su			vities.									
12. 13.	My Parent	ts/Guardia Tirst Name	a Suprem	e Being/Dei	ining DeMola Middle Name/Initia City/Town Cell phone	y and su	ipport n	Last Name Zip										
12. 13. 14.	My Parent Parent/Guardian Address:	e in God or and sts/Guardian: First Name Number and State of the sta	a Supremi	e Being/Dei	ining DeMola Middle Name/Initia City/Town Cell phone In providing your	y and su	phone nur	Last Name Zip mber, you are auth	norizing DeMolay to									
12. 13. 14.	My Parent Parent/Guardian Address: Best Phone:	e in God or a ets/Guardia n: First Name Number and S	a Supremi	e Being/Dei	ining DeMola Middle Name/Initia City/Town Cell phone In providing your	y and su	phone nur	Last Name Zip mber, you are auth										
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The following is	to be completed by the Chapter:											
Date of Applica	tion:	Membership Fee	\$									
Recommende	ed by:											
21.												
DeMolay Sponsor		Member ID		MM	DD YYYY							
22.		Marchanto		0.40.4	DD WWW							
Second DeMolay Spo	nsor	Member ID		MM	DD YYYY							
Masonic or Senior Del	Molay Sponsor	Member ID		MM	DD YYYY							
	, , , , , , , , , , , , , , , , , , ,											
Is the applicant's	father a Senior DeMolay?	Yes No		If you what Chant	or.							
		res no		If yes, what Chapt	er							
Does the applica	nt have any Masonic relatives?											
If yes, who and he	ow are they related?	Yes No										
	,											
	nay be interested:											
24.		Address		Phone	Email							
25.												
26.		Address		Phone	Email							
Eligibility:		Address		Phone	Email							
	ship application for DeMolay may be	e received only from	n a young ma	an who has pas	ssed his twelfth							
birthday ar	 A membership application for DeMolay may be received only from a young man who has passed his twelfth birthday and has not reached his twenty-first birthday and recommended by two members, or by a Senior DeMolay, or by a Mason. 											
 Membership shall be considered based on character and moral qualifications as prescribed in The Landmarks 												
of DeMolay	y.											
27. Administration:	Date Application Received	Membership Fee Due		How Paid								
	First Reading			now raid								
			gned	Chairman								
	Interview member #1	Interview Member #2		Interview Advisor								
	Second Reading	Balloting		Result								
Initiatory Degree Date		DeMolay Degree Date										
	minutory Degree Date	Domolay Degree Date										
	Date entered into eScribe	By Whom		Date assigned Ritua	I							

Date of Second Obligation

Date of First Obligation