

★★★★★
DEMOLAY
INTERNATIONAL
MEMBERSHIP APPLICATION

1. First Name: _____ Middle (In): _____ Last: _____
2. Preferred Name: _____
3. Address: _____
4. City: _____ 5. State & Zip: _____
6. Phone: (____) _____ 7. Birthdate: _____
8. Email: _____
9. School Attending: _____ 10. Grade: _____
11. Favorite School Subject(s): _____
12. Hobbies/Interests: _____
13. Clubs/Organizations: _____
14. Church/Place of Worship: _____
15. References: List 2 friends (your age) you have known for one year:
Name: _____ Email: _____ Phone: (____) _____
Name: _____ Email: _____ Phone: (____) _____
16. DeMolay Sponsor ID: _____ DeMolay Sponsor's Name: _____

My Parents/Guardians approve of my joining DeMolay.

17. Parent/Guardian Name: _____ Parent/Guardian Name: _____
19. Is your parent/guardian a Senior DeMolay? _____ If so, where? _____
20. Is your parent/guardian a Mason? _____ If so, where? _____

By signing this petition, you are hereby agreeing to join DeMolay, and live by the virtues and precepts of love for parents, belief in a higher power, courtesy, comradeship, fidelity, cleanness, and patriotism.

DeMolay Sponsor Signature: _____

Parent/Guardian Signature: _____

Applicant Signature: _____

Your Life Membership Fee of: **\$35** must accompany this application.