



DEMOLAY

MEMBERSHIP APPLICATION

The foremost young men's leadership development fraternity

1. Name (first, middle, last)

2. Address: _____

3. City _____

4. State _____ 5. Zip _____

6. Phone _____

7. Email _____

8. Birthdate _____

9. School attending _____

10. Grade in school _____

11. Favorite school subject(s) _____

12. Clubs and Organizations _____

13. Hobbies and Interests _____

14. Church / Synagogue _____

Application continued...

14. References (list 3 friends your age)

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

15. Father's Name _____

16. Is your Father a: Senior DeMolay? Yes / No
Master Mason? Yes / No

17. Mother's Name _____

My Parents/Guardians approve my joining DeMolay and support my activities.

18. Parent/Guardian Signature

19. Applicant's Signature

20. Date of Application _____

21. First DeMolay Sponsor's name

22. Second DeMolay Sponsor's name

23. Masonic Sponsor's name

Your DeMolay Life Membership Fee must accompany this application.

Please return this application within 3 days to the person who gave it to you.