



DeMolay Membership Application

Full Name: _____ (Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Home) Cell: _____

E-Mail Address: _____

Date of Birth: _____ Age: _____

School Attending: _____ Grade: _____

Favorite School Subjects: _____

Clubs/Organizations (School/Church/Other): _____

Church/Synagogue: _____

References: List 3 friends (your age) you have known for 1 year:

Name: _____ Phone: _____

Address/City/Zip: _____

Name: _____ Phone: _____

Address/City/Zip: _____

Name: _____ Phone: _____

Address/City/Zip: _____

My Parents/Guardians approve of my joining DeMolay.

Father's Name: _____ Mother's Name: _____

Is your Father a Senior DeMolay? ___ Yes ___ No If so, where/what chapter? _____

Is your Father a Mason? ___ Yes ___ No If so, where/what Lodge? _____

Parent/Guardian Signature: _____

Applicant's Signature: _____ Date: _____

DeMolay Sponsor's Name (Print) & Signature _____ Date: _____

2nd DeMolay Sponsor's Name (Print) & Signature: _____ Date: _____

DeMolay Sweetheart's Name (Print) & Signature: _____ Date: _____