

MEMBERSHIP APPLICATION

(PETITION) An Organization for Young Men

1.	Name:			2. Date:
3.	Address:			
4.	City: 5. State & Zip:			
6.	Phone: () 7. Birthdate:			
8.	E-mail:			
9.	School Attending: 10. Grade:			10. Grade:
11.	Favorite School Subject(s):			
12.	Hobbies/Interests:			
13.	Clubs, Organizations:			
14. Church/Synagogue:				
15.	References: List 3 friends (your age) you have known for one year:			
	Name:			Phone:
		Address:		Phone:
	Name:	Address:		Phone:
My Parents/Guardians approve of my joining DeMolay.				
16.	Father's Name: 17. Mother's Name:			
18.	Is your father a Senior DeMolay? If so, where?			
19.	Is your father a Mason? If so, where?			
20.	Parent/Guardian Signature:			
21.	Applicant's Signature:			
22.	DeMolay Sponsor's Name and Signature:			
22B.	Second DeMolay Sponsor's Name and Signature:			
23.	Masonic Sponsor's Name and Signa			
	Your Life Membership Fee of: \$50.00 must accompany this application.			