



Membership Application

Name _____ Date _____
First Middle Last

Address _____ State & Zip _____

Home Telephone _____ Cell Phone _____

Birthdate _____ School Attending _____ Grade _____

Favorite School Subjects _____

Hobbies/Interests _____

Clubs/Organizations _____

Prospect's Email _____ Church/ Synagogue _____

My parents/Guardians approve of my joining DeMolay.

Father's Full Name _____

Is your father a Senior DeMolay? _____ Is your father a Mason? _____ If so, where? _____

Mother's Full Name _____

Parent(s) Cell Phones _____
Father Mother

Parent(s) Email _____
Father Mother

Parent/Guardian Signature _____

Applicant's Signature _____

DeMolay Sponsor's Name & Signature _____

Second DeMolay Sponsor's Name and Signature _____

Masonic Sponsor's Name and Signature _____

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

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Your Life Membership Fee of \$_____ must accompany this application.

(Checks should be payable to "DeMolay")