

Squire Registration Form-S

This statement is to be sent to the service and leadership center within TEN days after the Induction is conferred.
This form should also be used to report any change in current member's status.

Manor; Manor # _____
Located in _____
City State

Number receiving
Induction: _____

Status Change _____

Amount of check
accompanying
this report: \$ _____

**\$18.00 for each
Squire reported**

**IMPORTANT REVISIONS: Form S includes spaces for 4
inductions and parental information.**

**READ INSTRUCTIONS ON BACK. WHEN PREPARING,
BE SURE TO INCLUDE THE NAME AND ID OF THE
FIRST LINE SIGNER.**

PRINT FULL NAME LAST NAME, FIRST NAME, MIDDLE NAME

Name (in full) _____
Mailing Address _____

City, State, Zip Code _____

Email _____ Phone _____

Parent's Name (in full) _____ Father Senior DeMolay? YES NO

Mailing Address _____

City, State, Zip Code _____

Email _____ Phone _____

Name (in full) _____
Mailing Address _____

City, State, Zip Code _____

Email _____ Phone _____

Parent's Name (in full) _____ Father Senior DeMolay? YES NO

Mailing Address _____

City, State, Zip Code _____

Email _____ Phone _____

Name (in full) _____
Mailing Address _____

City, State, Zip Code _____

Email _____ Phone _____

Parent's Name (in full) _____ Father Senior DeMolay? YES NO

Mailing Address _____

City, State, Zip Code _____

Email _____ Phone _____

Name (in full) _____
Mailing Address _____

City, State, Zip Code _____

Email _____ Phone _____

Parent's Name (in full) _____ Father Senior DeMolay? YES NO

Mailing Address _____

City, State, Zip Code _____

Email _____ Phone _____

DATES DEGREES RECEIVED
YEAR 20 _____

1. Birth Date Induction Date
Mo-Date-Year Mo-Date-Year

Name of 1st line signer of this petition ID #

Status Change Action Date ID #

2. Birth Date Induction Date
Mo-Date-Year Mo-Date-Year

Name of 1st line signer of this petition ID #

Status Change Action Date ID #

3. Birth Date Induction Date
Mo-Date-Year Mo-Date-Year

Name of 1st line signer of this petition ID #

Status Change Action Date ID #

4. Birth Date Induction Date
Mo-Date-Year Mo-Date-Year

Name of 1st line signer of this petition ID #

Status Change Action Date ID #

[Click Here to Submit Form-S](#)