



# STATE OFFICER APPLICATION

**2010-2011 TERM**  
**APPOINTED OFFICER**

Date: \_\_\_\_\_

Name	_____	Nickname	_____
Address	_____	Phone	_____
	_____	FAX	_____
Email	_____	Age	_____
		Birth date	_____
Chapter	_____	Initiation date	_____

I would like to be considered for State Appointed Office:  YES  NO  
 Check which office(s) you would like to be considered for:  DMC  Chap.  Mar.  Other

Chapter Offices held: \_\_\_\_\_  
 \_\_\_\_\_

Have you attended Keyman or LTC?  YES  NO  
 If yes, what year/s and conference(s)? \_\_\_\_\_

State Offices held: \_\_\_\_\_  
 \_\_\_\_\_

Circle all that you have completed or achieved:  
 LCC1  LCC2  LCC3  LCC4  LCC5  RD  FMA  BHK  CHEV  
 PMC-MSA

List all DeMolay ritual parts that you know:  
 \_\_\_\_\_  
 \_\_\_\_\_

List any Installation parts that you know:  
 \_\_\_\_\_

Please list your current education level and what school you attend: \_\_\_\_\_  
 Please list any other groups of which you are a member and offices held: \_\_\_\_\_  
 \_\_\_\_\_



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Do you have your driver's license?  YES  NO

If not, do you have someone able to provide you with a ride to most DeMolay events?  YES  NO

Authorization

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Chapter signature

**Please send your completed form to: Matthew Golway, 215 West 5<sup>th</sup> Street, Florence, NJ 08518**

**All forms must be postmarked no later than May 31, 2010**