



STATE OFFICER APPLICATION

2010-2011 TERM
ELECTED OFFICER

Date: _____

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

I intend to run for State Elected Office: YES NO
 Check which office you intend to run: SMC DSMC SSC SJC SSCR

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 5th Street, Florence, NJ 08518

All forms must be postmarked no later than April 13, 2010